HEARING TO DETERMINE THE NEED FOR A VA OUT-PATIENT CARE FACILITY IN NORTHWEST INDIANA

HEARING

BEFORE THE

SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

NOVEMBER 30, 1981

Printed for the use of the Committee on Veterans' Affairs

Ser. 97–48

U.S. GOVERNMENT PRINTING OFFICE
85-404 O WASHINGTON : 1982

H761-13

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HEARING TO DETERMINE THE NEED FOR A VA OUTPATIENT CARE FACILITY IN NORTHWEST INDIANA

MONDAY, NOVEMBER 30, 1981

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 105, Library Conference Center, Indiana University, 3400 Broadway NW., Gary, Ind., Hon. Bob Edgar, presiding.

Present: Representatives Edgar and Hillis.

Also present: Representatives Benjamin and Fithian.

OPENING STATEMENT OF HON. BOB EDGAR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. EDGAR. The Subcommittee on Hospitals and Health Care will come to order.

I am Congressman Bob Edgar from suburban Philadelphia. I am a member of the Subcommittee on Hospitals and Health Care, and I am chairman of the Subcommittee on Education, Training and Employment of the full Veterans' Affairs Committee. I have been asked to chair this important hearing today to analyze and look at a problem that is important to the State of Indiana, and particularly to this region.

Before we begin, let me welcome all of you here to this hearing and to just outline how we will proceed.

After we hear from some of our opening witnesses, including Members of Congress and the Veterans' Administration, we will move to a series of panels on which many of the veterans' organizations will be represented. I will ask that the entire panel come and be seated at the table to give their testimony, and I will ask everyone to summarize their written statement, which will be made a part of the record. We will then move quickly to questions and answers.

This morning we are conducting an oversight hearing to determine the need for locating a VA outpatient care facility in the northwest Indiana area. The need for this hearing was brought to our attention by Hon. Adam Benjamin, who most of you know very ably represents the First District of Indiana in the House of Representatives.

Adam, I want to take this opportunity to welcome you this morning and to express my thanks for your presenting to our committee

the needs of the veterans in this particular area. We know how busy you are and appreciate the time and effort you and your staff put forth in preparing for this hearing. We will be calling on you in a few minutes to present your testimony.

At the present time the VA operates an outpatient care facility in conjunction with each of its 172 hospitals. In addition, there are 54 independent or satellite outpatient facilities throughout the country and in Puerto Rico and the Republic of the Philippines.

These outpatient facilities provide approximately 18 million episodes of care each year, including examinations for VA compensation and pensions. An outpatient clinic within the VA system provides primary health services to eligible veterans not requiring more definitive care in a hospital bed. These clinics also may provide prehospital care and posthospital care. I emphasize that a VA outpatient clinic is not the same as a vet center, which provides readjustment counseling for Vietnam-era veterans and their families. Today we are hearing testimony on the need for a VA outpatient clinic in this area.

We are all aware of the current political and economic climate that permeates Washington and the difficulty that will be encountered in obtaining sufficient resources for additional outpatient clinics. Be assured that you will not find a more bipartisan group in the U.S. Congress than those who are members of the House Veterans' Affairs Committee.

We realize the Veterans' Administration must prioritize its needs and meet these needs as resources become available. Sometimes this can be a very slow process. The committee's successes in providing needed resources, particularly for the veterans' medical programs, number more than a few. If the need for an outpatient clinic here in northwest Indiana area is demonstrated, I would say our chances of success are even further enhanced by the presence of Adam Benjamin and other key members of the Indiana delegation.

The need for increased outpatient facilities here in this part of Indiana is mirrored in many localities and locations throughout the Northeast and Midwest regions of our country.

Apart from serving on the Veterans' Affairs Committee, I also chair the Northeast-Midwest Congressional Coalition in Congress. This coalition is made up of 212 House Members from 18 States, from Maine to Maryland, across to Minnesota and Wisconsin, that look at the particular problems and concerns of this region. The coalition lends its support to pinpointing the needs of our region and of the country.

With an ever-aging veteran population, we also must see that aging or deteriorating VA facilities receive the same amount of Federal attention in the Northeast and Midwest as they have in the South and Southwest and in the Sunbelt States.

We look forward to hearing each of the witnesses this morning. Several of the witnesses we will call as a panel and ask that they summarize their statements in order to conserve time.

I would now like to call upon my colleague, Hon. Elwood "Bud" Hillis, for an opening statement. But before he gives that statement, let me just say that Bud is an active and aggressive member of the House Veterans' Affairs Committee and has served ably in

that capacity. In over the last 7 years that I have served in Washington, it has been a pleasure for me to work with Bud on a number of veterans' issues, and it is a pleasure to come from Pennsylvania to the State of Indiana to participate in this hearing with you this morning.

STATEMENT OF HON. ELWOOD HILLIS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. HILLIS. Thank you very much, Mr. Chairman.

I would like to say also that it has been a pleasure to serve with you on the committee. I am grateful to you and grateful to Congressmen Benjamin for arranging this hearing. My district will adjoin the district of Mr. Benjamin, and I am sure that if an outpatient clinic were to be located in this area by the VA that a number of the veteran constituents who live in the fifth district would make use of it, too.

As a member of the Subcommittee on Hospitals and Health Care of the Committee on Veterans' Affairs, I am acutely aware of the great good that has come to the VA medical care program by the tremendous expansion of the outpatient program. That expansion has reduced the length of stay in VA hospitals and has reduced the cost of such hospitalization. Moreover, it has often made it far more convenient for veterans to receive care near their homes as opposed to having to travel long distances to receive it. Sometimes veterans have done without needed outpatient care rather than to travel those distances. This is because it would routinely cause them to miss an entire day from work or because it is just too hard. The consequences of forgoing needed treatment can often cause rehospitalization with its attendant difficulties and attendant increased costs.

There are currently over 50 independent or satellite outpatient clinics throughout our country. They provide a wide range of examination and treatment. The treatment is often for service-connected disabilities. The examinations are often made to determine eligibility for increases in compensation for such disability, or to determine eligibility for non-service connected pensions. Treatment is also given to obviate the need for hospitalization or to provide followup after episodes of inpatient hospital care.

Mr. Chairman, we are all aware of the economic challenges which face our Nation today. Those challenges are enormous and cause each of us to think carefully before we commit ourselves to the expenditure of public funds. But we also know that provision for quality medical care for eligible veterans is a matter of high priority with Congress. In this connection, the Congress is unusually, as you have mentioned, nonpartisan with respect to veterans' matters, as indicated by this hearing this morning. Certainly we want to do what is right.

I am anxious to hear our witnesses, Mr. Chairman. They come from a broad spectrum of Gary, Ind., and its surrounding communities. This is an area that has had many problems and certainly we want to help if we can. Our witnesses, hopefully, will give us the facts, figures and insight into the need for a VA outpatient clinic in this area, and if they can persuade us of this need, I will be

pleased to work with you and the other members of our committee toward that end.

Again, Mr. Chairman, thank you for convening this hearing and thank you, too, to our distinguished colleague, Mr. Benjamin, for doing the background work to make it possible.

Mr. EDGAR. Thank you, Mr. Hillis.

Our first witness this morning will be the Honorable Adam Benjamin, who represents this area in Washington.[1] Adam, it is a pleasure to have you here this morning. We look forward to hearing your statement at this time.

STATEMENT OF HON. ADAM BENJAMIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. BENJAMIN. Thank you, Congressman Edgar. We appreciate your being here and thank you for your outstanding work on the Veterans' Affairs Committee, the Public Works and Transportation Committee, and, of course, as chairman of the Northeast-Midwest Coalition on which Bud and I are happy to serve.

I am delighted to have Bud Hillis with us. He will be representing a major part of the service area of an outpatient clinic since it will include Porter County and outlying counties, and his work on the Veterans' Affairs Committee, Armed Services Committee, and the Northeast-Midwest Coalition indicate that he has a profound interest in our area and its concerns. It is a great pleasure to welcome Congressmen Edgar and Hillis to Lake County, northwest Indiana.

Thank you for your consideration, time, and effort in conducting a congressional field hearing in northwest Indiana. I appreciate your continued interest in the need for a free-standing outpatient veterans' facility to serve the medical needs of more than 120,000 veterans in northwest Indiana which includes Lake, Porter, LaPorte, and outlying counties.

A veterans' clinic did serve northwest Indiana shortly after World War II. However, the austerity of Government took its toll and the clinic was ultimately closed. Since then, we have had the cold war, two intervening hot wars, and the veterans of World War II and Korea have aged to a point in life where continuous medical service finds greater need.

The laws have also been changed to assure more government-paid medical services to our military veterans, although, as is the case at hand, the legislative promise and availability of the resource often conflict.

The testimony in Washington earlier this year, and the testimony delivered or submitted today, present a persuasive case for the reopening of a veterans clinic in northwest Indiana. Despite the typical rhetoric offered by the Veterans' Administration, which showers figures without justification or conclusion, I am impressed by the need expressed publicly and privately to me on countless occasions. And I am sure that Congressmen Fithian, Hillis, and Hiler, and Senators Quayle and Lugar, have also received countless

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[1] The prepared statement of Congressman Benjamin appears on p. 83.

pleas for services that can best and most economically be provided through an outpatient clinic here.

However, I must advise the subcommittee and its staff that the most conclusive proof of absolute need is not here today. It is with the aged veteran of Michigan City attempting to get into or around Chicago to obtain the needed services assured him by a grateful Congress; or it is the Gary paraplegic whose wartime sacrifice becomes a nightmare of obstacles in simply trying to transport himself to receive necessary medical care; or it is the Hammond Vietnam veteran who denies himself an agent orange screening rather than face the frustration of traveling to Chicago and facing endless waiting lines for his treatment; or it could be the Portage mentally ill veteran whose war continues, but yet whose obtaining care involves an anguishing trek through heavy traffic in a strange city.

Yes, the most persuasive case is the one the committee will never see. It is the veteran begging for transportation and the consideration of another for his time and sympathy. In some instances it is the veteran and a friend or loved one attempting to navigate the constantly congested thoroughfares in a city that is the home and workplace of millions of people, but an alien and unaccommodating place for those terrified by the vastness, numbers, and often told tales of how strangers may be mistreated.

In other words, Mr. Chairman and colleagues, the real experience that we should be providing today should be a demonstration of the hardship imposed on the disenfranchised veteran of northwest Indiana. This is the veteran who returned or moved to northwest Indiana because there was employment. His work has been strenuous, but one of the products of his labor is the tax that helps pay for the Veterans' Administration. Or the veteran who returned to northwest Indiana because he couldn't work and needed the comfort and care of his loved ones who could work and pay the taxes to support the Veterans' Administration.

Regardless, the obvious point is that veterans don't come to northwest Indiana to hunt, fish, and relax in a vacation wonderland. Quite frankly, if this were a vacation wonderland rather than a heavily industrialized area, I am sure that we would have retained the previous clinic because the VA personnel would have wanted to stay here and would have assured an adequate veteran use to qualify its continuation.

In essence, it is now time to tell northwest Indiana veterans that we are not only grateful for their service during time of war, but also acknowledge their contribution to the strength of the economy that pays for the VA services promised to them, but seldom delivered without persistance, perseverance, and overwhelming demand by the veterans of this area.

Our office surveyed over 300 veterans receiving outpatient care at Hines, Lakeside and West Side VA hospitals in Chicago. The survey reflected: One, 98 percent of those surveyed would utilize an outpatient facility if established in northwest Indiana; two, the majority utilize their own car for transportation to Chicago; three, of those utilizing public transportation, 59 percent rated this means of travel as either unpractical or unreliable, and only 7 percent rated public transportation travel as highly reliable; four, the average distance one way from homes in northwest Indiana to Chicago is 20

to 50 miles, with the average travel time between 1 and 3 hours; five, the average amount of time spent at the VA hospitals in Chicago for outpatient care is 3 hours to a full day, with the average time of actual treatment being 10 to 20 minutes; and six, 59 percent of those receiving travel reimbursement responded that the reimbursement does not cover their actual travel costs.

A more careful examination of the transportation, travel reimbursement and this current outpatient clinic visit load at the Chicago hospitals should persuade the subcommittee that an outpatient clinic is direly needed and can serve as a cost-effective alternative to the present VA outpatient health care delivery system.

The number of veterans served by the three VA hospitals for outpatient care is excessive and devastating. There are 761,890 veterans residing in Cook County, Ill. alone, the second largest veterans population in the United States.

In fiscal year 1981, 545,634 veterans visited Chicago area facilities for their outpatient care. Further, outpatient visits between fiscal year 1979 and 1981 increased by 52,446. Hines VA Hospital plans to provide outpatient care for 220,000 veterans in fiscal year 1982, an increase of 29,000 visits over the previous fiscal year for this facility alone.

I note that the VA plans to reduce outpatient visits at West Side and Lakeside by 36,000 in fiscal year 1982. If the VA is recognizing that their current outpatient workloads are cumbersome and fiscally unmanageable, I would suggest that an outpatient clinic in northwestern Indiana is a viable and cost-effective alternative.

Travel reimbursement is made available to veterans who have a service-connected disability, are pensioned for a non-service connected illness, or otherwise qualify because of low income.

In fiscal year 1979, Hines spent $699,546 in total travel reimbursement and this same facility plans to reimburse over $1,120,000 in travel pay in fiscal year 1982.

The Evansville Outpatient Clinic is the only free-standing outpatient facility in this State, with a service area of 90,000 veterans. In fiscal year 1981, this clinic treated 23,926 veterans at a cost of $1,350,121, which includes cost of care, drugs, lab work, salaries, and travel pay. This represents an average cost of $56 per patient visit.

The three VA medical centers in Chicago saw 13,986 Indiana veterans on an outpatient basis in fiscal year 1980, and paid out an estimated $126,352 in travel reimbursement. The VA estimates that 40 percent of the 13,000-some veterans from Indiana were eligible for travel reimbursement, which means that the $126,000 in estimated travel was expended on 5,594 veterans, representing an average cost of $23 per patient.

The current rate for outpatient visit set by the Office of Management and Budget for VA billing purposes is $47. When you add this figure to the average travel reimbursement, you will note that the average cost of providing outpatient care to Indiana veterans receiving travel pay was $70. This exceeds the Evansville clinic per patient cost by $14, and this facility serves almost twice the number of veterans.

Parenthetically, the Evansville Clinic use is 27 percent of the veteran population, compared to the 12-percent veteran population

of clinic use in northwest Indiana, meaning that the drop of 15 percent is clearly a representative figure of the discouragement on this use of the Chicago facilities by northwest Indiana veterans.

I believe these figures should impress that an outpatient facility would be cost effective and provide much more responsive care.

Currently, travel reimbursement is paid out on a common carrier rate of 11 cents per mile. In May 1981, the VA applied travel reimbursement eligibility criteria to those transported by ambulance, medi-car, and taxi as well—methods of transportation that previously were not subject to the criteria test. Although I previously mentioned that Hines plans to increase travel pay, West Side and Lakeside hospitals plan to reduce their combined travel reimbursement by nearly $140,000. The changes in travel reimbursement policy and planning reductions will only provide further hardship on the veterans of northwestern Indiana.

An outpatient facility in northwestern Indiana will provide an effective cost-benefit ratio and will be utilized fully. The majority of northwestern Indiana veterans are reaching their twilight years and their medical needs will logically increase. Lengthy unemployment results in loss of company paid insurance benefits and the cost of insurance without company contribution is prohibitive causing the unemployed veteran to seek VA health benefits to cover his medical costs. I also anticipate that an outpatient facility in northwestern Indiana would be widely utilized by Vietnam veterans exposed to herbicides because of changes in agent orange treatment made in the Veterans Health Care Act of 1981.

Today, we are on the threshold of resolving a problem that has plagued northwest Indiana veterans for years. It is time to recognize that their long-term association with the Chicago VA hospitals for outpatient medical care is antiquated, fiscally unsound, and, in reality, a denial of the right to legally guaranteed medical assistance for many of our area's veterans.

Mr. Chairman and colleagues, we truly appreciate your being with us today, particularly since it is a personal dedication and commitment to our American military veteran that brings you here and takes you away from your families and constituents. Please accept our thanks and everlasting gratitude. This acknowledgement and gratitude extends to your staff director, Ralph Casteel, whose son, after graduating from Valparaiso University, remained in northwest Indiana. We trust that the wisdom of the Casteel of our area will "trickle up" to his father.

As you consider the proposed veterans' outpatient clinic for northwest Indiana, please remember that ours is not only a case of need, a case of overcoming practical denial of services, a case of making the law work, but it is truly a case of economy, good economics for the private sector whose lost time and employee expenses can be mitigated and ameliorated—good economics for State and local government whose properly treated veteran will remain here and contribute to the area's development and stability; and finally, good economics for the Federal Government.

The immediately examined and treated veteran of northwest Indiana will not become a burden on the VA medical delivery system, will not be apt to become an inpatient statistic, and will

avoid all collateral costs—all of which will grow through the remainder of this century.

Mr. Chairman and colleagues, the need, the law and economics mandate a clinic here. I hope that you are persuaded and will approve legislation creating the clinic.

The clinic will serve not only northwest Indiana, but I am also confident that it will also serve and be of great benefit to the veterans of southeast Cook County, Ill., who experience similar impediments in the use of the Chicago area VA medical facilities, although they are not located within the VA "magic 40." To avoid presumptions, the southeast Cook County veterans' statistics have not been included in my presentation.

Thank you very much for being with us.

[The attachments to Mr. Benjamin's statement appear at page 85.]

Mr. EDGAR. Thank you very much for your statement. I, too, want to share my gratitude to Ralph Casteel and his staff for helping to put this hearing together and being very capable and able staff assistants for the health care and hospital issues of the full House Committee on Veterans' Affairs.

Adam, if we are able, after hearing the statistics and the information, to determine that an outpatient clinic is important for this particular region of the country, I am sure you, as chairman of an important subcommittee of Appropriations, and as an active member of that Appropriations Committee, will work aggressively with us to make sure that that outpatient clinic is funded. We are finding it a difficult problem to identify a need, to pass an authorizing bill establishing either a hospital or an outpatient clinic, and then find that hospital or outpatient clinic either not funded or underfunded in the appropriations process. So we are going to need your help when we move to that stage.

Mr. BENJAMIN. Absolutely.

Mr. Chairman, if I may, I would even change subcommittees to help you on that. [Laughter.]

Mr. EDGAR. One question that I have. It takes a little bit of time to construct an outpatient clinic and put all the pieces of it together. I was wondering if there isn't the possibility of an interim solution, that is, for the immediate timeframe of the next year or two, to instruct the VA through its medical department to establish a mobile outpatient clinic that would use borrowed facilities in this area, perhaps coming in Tuesdays, Wednesdays, and Thursdays, or at some staggered time in different communities, and sending some of the hospital personnel from the veterans' facilities in the Chicago area, or making relationships with medical personnel in this area that could provide the outpatient clinic service immediately on a temporary basis, in borrowed facilities, until we can establish a permanent, ongoing outpatient clinic for this region.

Mr. BENJAMIN. I think that is a practical alternative, as a transition. I would be most willing to work with you, Mr. Chairman, to accomplish that and ultimately lead to the creation of a permanent outpatient facility here.

In fact, that type of transition would certainly allow us to get our numbers in place to determine the availability of the service as well as the determination of the veteran to utilize that service so

that the established facility will be one that will last us through the remainder of this century.

Mr. EDGAR. As you know, with the budget cutbacks that we are experiencing throughout the Government, I think it is important to look at some of these interim possibilities just to get our feet on the ground and establish the need in a specific way. I am sure there would be health care facilities in this region who would be willing to loan space and to give space for this purpose.

I noticed in your testimony reference to the Veterans Health Care Act of 1981, Public Law 97-72. I think that is an important law for all of us to focus in on. My colleague, Bud Hillis, and I worked very hard to put that together. It provided not only an opportunity for Vietnam-era veterans to get adequate treatment for related systemic disorders that resulted from exposure to herbicides like agent orange, but it provided for an extension of the 91 readjustment counseling centers that are scattered throughout the Nation to try to provide needed readjustment counseling for Vietnam-era veterans.

It also established by law a minimum number of hospital beds and hospital personnel for the VA health care system. I think it is important that not only that law be recognized, having been signed by the President the first part of this month, but also that we put some pressure on the VA to administer that law fairly. We are getting some reports that the VA may be asking for money to cover many of the provisions that are far in excess of what was determined under that law. So we are going to have to keep a pretty careful eye on the VA to make sure they administer that law in a very positive and creative way.

I would like to yield to my colleague, Bud Hillis, now for questions.

Mr. HILLIS. Thank you, Mr. Chairman. My questions are very few because you have made many of the points which occur to me as our colleague was testifying.

I certainly, too, had the thought that while legislation may be important in this matter, it certainly doesn't stand alone in the establishment of a center or determining whether such a facility exists or doesn't exist because, as the Chairman pointed out, these things take money and more than authorizations sometimes, and that we would need the work and the assistance of the necessary subcommittee of the Appropriations Committee and particularly inadequate funding, and perhaps some report language directing that this action be taken and things of that nature, which I am sure you understand and certainly was happy to hear you say you would support wholeheartedly.

Mr. BENJAMIN. Yes, sir.

Mr. HILLIS. You mention about certain savings. I agree with you; I think there would be substantial savings in transportation costs. Do you have any feel how that might offset or how much additionally might be needed for the staffing of the facility here in the northwest area, in Lake County?

Mr. BENJAMIN. I presume that you probably would be removing staff from the Chicago facilities to staff the northwest Indiana facility. The trade-off would be such that there will not be any extra cost. There would be a savings in cost because we avoid the possi-

bility of future inpatient services because failure to treat outpatients adequately and responsibly. Second, we avoid the excessive cost of transportation. Third, we would have a much more extensive use.

I pointed out that we have about a 12 percent use of our total veteran population of the Chicago facilities. We would have a more extensive use eliminating the lengthy, arduous, and very costly future inpatient service that would be required in Marion or in the Chicago facilities. In the long run, you have nothing but savings that are associated with this.

Now, there are Government savings. Think of the private savings. The veterans have all reported that for 10 or 20 minutes of treatment it takes them at least 3 hours a day of waiting and 1 to 3 hours to get there. This refers to those who responded. Those who responded were on the basis of 20 to 50 miles away from the clinic to which they were assigned.

There are many veterans in the service area that are 100-plus miles away. At least another hour or two should be added to travel time. When you get down to the cost to the veteran, the cost to his family—because generally it requires a loved one or someone else to go with them, or someone from the veterans' post if they're with an organized veterans' organization—a tremendous amount would be saved. This is a cost to the total economy.

I hope that your subcommittee will conclude and follow up with the full committee action on a clinic. We would be delighted to work with you and Chairman Edgar on the transition to have services initiated followed by the actual building and construction on the land.

Mr. HILLIS. Thank you.

That's all the questions I had, Mr. Chairman.

Mr. EDGAR. Our chief counsel, Ralph Casteel, has a question, and then I have one final question. Then we will move to other witnesses.

Mr. CASTEEL. Mr. Benjamin, I noticed in your testimony you did not mention from the northwest Indiana area any of the veterans visiting the outpatient facilities at Indianapolis or at Fort Wayne.

Do you have any figures of how many may be involved in going to those two facilities?

Mr. BENJAMIN. I do not from our immediate area.

Mr. CASTEEL. But depending on where such a clinic was located, there is a possibility they would draw from those two outpatient facilities also?

Mr. BENJAMIN. I would think it would draw from those because of convenience. A clinic here would be accessible to almost all of the northern part of the State. We would draw from the people now going to Fort Wayne and Indianapolis if it would be much more convenient in time, cost and energy to come here.

Mr. CASTEEL. Thank you, Mr. Chairman. I have no further questions.

Mr. EDGAR. Let me just ask you one final series of questions. It would be helpful to know, within the service area that you would like the clinic located, what are the major medical facilities located here? Which medical facilities are teaching hospitals versus community hospitals, so that we have a picture of what the health care

network is in the area. I am persuaded by your statement that a number of veterans simply don't use any of the veterans' facilities because they are just too far away. They must be using local health care facilities in and around this area. It would be helpful if you could submit that for the record.

Mr. BENJAMIN. We definitely will submit the organizations in northwest Indiana that do offer some degree of medical service, whether in a facility or not.[1]

Mr. EDGAR. It occurs to me—and I only have the experience from service on this committee for 7 years and experience in the Metropolitan Philadelphia area—but it occurs to me that quality health care in the veterans' system has to come from establishing in key and strategic locations acute care hospitals that can provide the acute care necessary, the surgical care and the long-term care that is needed with an army of ambulatory outpatient care facilities and easy access to the veterans population.

In the Philadelphia metropolitan area we have one acute care hospital, and we have one outpatient clinic that is a satellite clinic to that community. It occurred to me that in the metropolitan area around Philadelphia it would make sense to locate outpatient clinics in neighborhoods, near neighborhood hospitals, close to neighborhood medical facilities, so that the veterans could have easy access to a kind of ongoing, ambulatory, outpatient care for pre- and posthospital needs, and then make the longer treks to those acute care facilities that are strategically located for more long-term care needs.

I think you have made a good case here in terms of your statement. I am anxious to hear some of the other witnesses, particularly from those who are veterans who live and work in this particular area, as to the need. But I think your statement has been very adequate and we really appreciate it.

Mr. BENJAMIN. Thank you, Mr. Edgar. We are in "no man's land." Our State capital is about 150 miles from here. We are in the Chicago metropolitan area. There has always been—whether Veterans' Administration or any other Federal agency—a dialog as to whether we should be looking for services from the State capital and its Federal offices, or to the Chicago area and its Federal offices.

The people seem to think there is some magic in a State line, so consequently they tend to forget us. We ask that you remember. There are 1,200 veterans here who should not be forgotten just because it is northwest Indiana instead of northeast Illinois.

One of the good things that could be done is to bring a satellite facility across the line to serve the veterans in this area, as well as a number of veterans that are just across the line in Illinois who are not now properly being serviced.

Thank you very much, Mr. Chairman.

Mr. EDGAR. Thank you.

I would like to ask that you join us here at the panel and be free to ask any questions if you have the time to join us.

Mr. BENJAMIN. I would be honored to join you. Thank you very much.

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[1] See p. 87.

Mr. EDGAR. We have two other Members of Congress—the Honorable Floyd Fithian and the Honorable John Hiler, neither of whom is here at the moment. So, we will go to our next witness, Tim Sanders, who represents the offices of Senator Lugar and Senator Quayle.

Tim, we appreciate your coming this morning, and look forward to hearing your testimony.

STATEMENTS OF HON. DAN QUAYLE AND HON. DICK LUGAR, U.S. SENATORS FROM THE STATE OF INDIANA; PRESENTED BY TIM SANDERS

Mr. SANDERS. Thank you, Mr. Chairman.

I appreciate your invitation to join the distinguished witnesses here today to testify on behalf of a Veterans' Administration outpatient clinic in northwest Indiana. The Subcommittee on Hospitals and Health Care of the House Committee on Veterans' Affairs is to be commended for providing this opportunity to allow us to focus on such an outpatient clinic.

I especially want to recognize the earnest efforts of my friend and colleage, Congressman Adam Benjamin. Through Adam's personal urging, the subcommittee scheduled these hearings today.

It is encouraging to note the strong commitment and close cooperation between veterans and the community in regard to this proposed veterans' facility.

The location of an outpatient clinic in northwest Indiana would serve one of the basic needs and fundamental rights of all veterans—adequate medical care. Veterans residing in northwest Indiana experience greater than average hardships in securing this medical attention.

VA outpatient clinics service patients with medical needs similar to care provided by a general practitioner. The medical care is generally routine and does not involve overnight stays.

Over 4,216 veterans from northwest Indiana utilized VA outpatient clinics in Chicago in 1980, according to the VA. This large number of vets receiving outpatient care is very likely to increase in the near future because of the increasing number of veterans in northwest Indiana who are entering their elderly years.

Although no one can accurately forecast the future need of medical care for the veteran population, there is present evidence which dictates the need for a VA outpatient clinic in northwest Indiana. As previously stated, veterans in northwest Indiana generally use VA medical facilities in the Chicago area. Transportation to and from the three Chicago VA hospitals serving northwest Indiana is very costly.

The VA asserts that the major obstacle to an outpatient clinic in northwest Indiana is that most selected areas in northwest Indiana are within a 40-mile radius of existing VA medical facilities. However, I can personally attest to the fact that the heavy traffic and inconvenient routes in the Chicago area can turn a 40-mile trip into a 1½- to 2½-hour motoring nightmare.

Other difficulties are involved in private transportation. The VA reimburses veterans for transportation costs at a standard rate of 11 cents per mile. This figure does not include parking costs and

also does not reflect current transportation costs, which rose 1.2 percent last month alone. It is obvious that the reimbursement by the VA does not adequately cover the transportation costs incurred by the veteran.

The VA spent $126,523 in 1980 to reimburse veterans traveling from northwest Indiana to use the clinics in Chicago. I would like to emphasize at this time that the medical care received by veterans at outpatient clinics is routine medical care, not hospital care.

Elderly and disabled veterans are most affected by problems associated with transportation. Public transportation is a problem, and driving themselves or finding someone to drive them is often impossible or impractical. Although veterans' service organizations provide transportation to outpatient clinics, these services are extremely limited.

I might also add that ambulance service to VA hospitals from northwest Indiana is nonexistent.

Apparently, patients must wait in long lines at the clinics to receive medical attention. Most veterans are required to spend an entire day out of their normal schedule just to receive routine medical treatment in Chicago.

The need for a VA medical facility in northwest Indiana is readily apparent. Transportation problems for veterans would be minimized. Time and other inconveniences would be saved. Cost would be reduced not only to the veteran but to the VA as well. Outpatient loads would be reduced in the Chicago VA clinics. And most importantly, more veterans would be inclined to utilize the medical facilities. That is their fundamental right for honorably serving their country.

As a member of the Senate Budget Committee, I recognize the budgetary restraints confronting the Federal Government. However, it is important that we continue to afford the Nation's veterans, including those in this part of Indiana, with convenient and quality medical care.

I hope the subcommittee will act positively on this proposal designed to benefit not only the communities of northwest Indiana, but to the men and women who deserve just treatment—the over 100,000 veterans residing in northwest Indiana.

This statement, Mr. Chairman, came from Senator Quayle, but Senator Lugar and Senator Quayle both admire Adam Benjamin's work on this outpatient clinic and both Senators are supportive of Congressman Benjamin in that area.

Thank you.

Mr. EDGAR. Thank you very much. I appreciate your representing Senator Lugar and Senator Quayle here at the hearing this morning and the complete statement will be made a part of the record.[1]

I just have one area that I want to talk to you a little bit about and ask a question. Senator Lugar and Senator Quayle have been leaders in Washington in a number of major areas, and particularly have been helpful to the new administration in setting the tone and direction of their policy. The President was successful in

[1] See p. 88.

August in passing a budget that provided for a $35 billion reduction in domestic spending.

In that same budget, he committed us to $1.6 trillion worth of defense expenditures over 5 years, so that while we reduced domestic spending, we turned around and spent most of that on defense increases.

Then in early August we passed a 5 year, $750 billion tax reduction, and we are losing immediate revenues at a rate this year of between $35 and $50 billion.

In July the budget deficit was $42.5 billion. After we passed the tax cut and we nudged into the recession, the estimate ranged in early October as $80 billion of deficit. On November 6 the Washington Post reported our deficit will be in the neighborhood of $100 billion this year and next year and probably the following year.

With $100 billion of deficit in the budget, I have a suspicion that David Stockman and the Office of Management and Budget will be looking for additional areas to cut. We know that the administration was anxious to cut some veterans' health care areas and that most of that was reversed by the Congress.

I wonder if Senators Lugar and Quayle, given their close relationship with the new administration, would be willing to go to bat with the Office of Management and Budget, particularly with David Stockman, and indicate to them the need and the necessity of providing this particular facility in this area. As I see the pressures of the deficit, it looks to me like it's going to be one of those areas where we're going to have to be very aggressive in standing up and speaking out, to try to make sure that quality health care and veterans' health facilities are adequately maintained.

Mr. SANDERS. Well, let me try to answer your question as easily as I can.

I think that both Senator Lugar and Senator Quayle believe, over the entire spectrum of the budget, that we need to spend less money. However, I am led to believe the VA will continue to operate. And as long as the VA continues to operate with regard to an outpatient clinic in northwest Indiana, Dick Lugar and Dan Quayle would urge the VA to take a look at that.

Now, as far as the size of the Federal Government and the size of the tax cuts and the other points you bring out, certainly Senator Lugar and Senator Quayle have been supportive of the administration. As far as go to bat, I am not sure exactly what you mean by that. If the VA has money, and they do, as Congressman Benjamin has said and Congressman Hillis has stated, Dick Lugar and Dan Quayle would support the spending of some of that money in northwest Indiana.

Mr. EDGAR. My guess is that we're talking about between $12 to $20 million for an outpatient clinic. Again, I'm just guessing. I don't know what inflation dollars would be involved. The location of that facility in this area, as your testimony indicates, and as Congressman Benjamin's testimony indicates, is important, and what I meant by going to bat would be to go and talk directly with David Stockman and OMB and say, "Gentlemen, we feel strongly, that while we are strong supporters of the President's budget and tax plan and defense increases, and while we understand the need to cut back money, we need strong leadership in providing this

commitment, which is a commitment that the veterans of our region deserve."

Mr. SANDERS. Without committing either Dick Lugar or Dan Quayle to having breakfast with David Stockman, I would suggest that they might be interested in that. But again, looking at the entire VA budget, Dick Lugar and Dan Quayle are going to fight for money for northwest Indiana.

Mr. EDGAR. I appreciate that. Again, I think we have got bipartisan interest in this thing and it is not a partisan issue. The new administration happens to have its priorities set and we are going to need help from people like Senator Lugar and Senator Quayle in making sure that the administration hears of the need for this particular area.

I yield to my colleague.

Mr. HILLIS. Thank you, Mr. Chairman.

I certainly appreciate your statement here and to learn of the strong support which you extend on behalf of Senator Lugar and Senator Quayle for this endeavor.

I couldn't help but note on an optimistic or positive note of your statement on page 2 about the travel costs and what is expended there now. It is my understanding that 1 cent in travel costs represents about $5 million nationally—talking about reimbursement, 11 cents versus 12 cents, for example. A 1 cent increase represents about $5 million, and that the Veterans' Administration currently has this under study and there is a pending recommendation kicking around some place that may recommend that travel costs be upped 4 cents. So you're talking perhaps a total of $20 million.

I also understand that we will receive some testimony here later that perhaps the cost of such an outpatient clinic in northwest Indiana the first year might be $7 million compared with the estimate of the chairman of up to $12 million. That would, after construction costs and getting a staff together, would drop down to perhaps somewhere around $4 million annually.

So when you balance that off against travel costs, I can certainly accept the idea that Congressman Benjamin gave us here earlier, that we could have a savings here rather than an increase, or certainly a net tradeoff. I could certainly support, as I am sure Senators Lugar and Quayle could support, a strong recommendation to the administration this would be a prudent thing to do, and I would like to have your comment on that.

Mr. SANDERS. As I said, without committing either Senator Lugar or Senator Quayle to a meeting with Mr. Stockman, I would suggest that both of them would recognize, as you said, that this would be a prudent expenditure of the public's money.

I would also like to make one additional comment with regard to the facility at Marion. Recently Mike Loomas from the Senator's Fort Wayne office and I took a tour of the Marion VA facility with Nathan Garriths, the director down there, and he indicated that many people from this area—and from the Marion perspective, this area is probably anything north of U.S. 24—go down to his clinic. From my perspective from living in the southern border county, there are a lot of people down there who would much rather drive to Marion past cornfields than drive to Chicago past steel mills.

Mr. EDGAR. That is a helpful comment.

Just in terms of my colleague's statement about the $7 million, I inflated those in terms of Philadelphia dollars, in terms of the wage rates and the cost of materials in Philadelphia. We think about a clinic there costing a minimum of $12 million. But if you folks can build it for $5 to $7 million, we are very pleased to have that happen.

Mr. SANDERS. We would like to try.

Mr. EDGAR. I would like to yield to my colleague, Adam Benjamin, if he has any questions at this time.

Mr. BENJAMIN. I do want to thank you and the Senators for your strong commitment to an outpatient facility in northwest Indiana. As the gentlemen who serve in the U.S. Congress who represent our entire State, I acknowledge and appreciate their selectivity in looking at the needs of the State and then determining that one of the greatest needs is this corner of the State.

I also appreciate the fact that you have been particularly sympathetic to the veteran population in the work that you have done with the cases in cooperation with our offices. As a Vietnam veteran, you can well appreciate the responsibily that we now have to those service veterans who need assistance, and you have provided that and the Senators have provided it, and we have had great pleasure in working with you and the Senators. Thank you very much.

Mr. SANDERS. Thank you.

Mr. EDGAR. Thank you very much for your testimony, and give our best to Senator Lugar and Senator Quayle.

Mr. SANDERS. I certainly will. Thank you.

Mr. EDGAR. We will now hear from the Veterans' Administration, Albert Zamberlan, Regional Director of the Great Lakes region of the Veterans' Administration.

Let me welcome you here to the hearing this morning. We appreciate your coming. The full text of your statement will be made a part of the record,[1] and you may either read your statement or summarize it, as you see fit. Some of the issues have already been covered by the statement of Congressman Benjamin and Tim Sanders, and we will look forward to hearing from you at this point.

STATEMENT OF ALBERT ZAMBERLAN, REGIONAL DIRECTOR, GREAT LAKES REGION, VETERANS' ADMINISTRATION, ANN ARBOR, MICH.; ACCOMPANIED BY FRANK MORRONE, JR., DIRECTOR, HEALTH SYSTEM INFORMATION SERVICES, WASHINGTON, D.C.; JOHN FEARS, DIRECTOR, EDWARD J. HINES, JR., HOSPITAL, CHICAGO; JOSEPH L. MOORE, DIRECTOR, VA LAKESIDE MEDICAL CENTER, CHICAGO; ALVIS CARR, DIRECTOR, VA WEST SIDE MEDICAL CENTER, CHICAGO; AND CHARLES H. MAINS, VA DISTRICT COUNSEL, INDIANAPOLIS

Mr. ZAMBERLAN. Mr. Chairman, Congressman Hillis, and Congressman Benjamin: At this time I would like to introduce several other members of the VA team representing the three medical centers that the veterans from northwest Indiana——

[1] See p. 89.

Mr. EDGAR. Without objection, as you introduce them, they can come forward and sit at the table as a panel.

Mr. ZAMBERLAN. I appreciate that.

Frank Morrone. Frank is the Director of Health System Information Services in Washington, D.C. John R. Fears. John is the Medical District Director of Medical District 17 in the Hines VA Hospital. Joseph L. Moore. Joe is the Director of the Lakeside VA Medical Center. Alvis B. Carr, Director of the West Side VA Medical Center, and also the District Counsel from Indianapolis, Charles Mains.

Thank you very much.

Mr. EDGAR. Gentlemen, we appreciate your coming this morning, and appreciate your taking the witness stand. We will hear from Albert and then if any of you have any additional comments you would like to add, or if any of the Congressmen would like to ask questions, we hope that you will feel free to answer those.

Please proceed.

Mr. ZAMBERLAN. Thank you, Mr. Chairman.

I am pleased to be here today to provide an overview of the status of the Veterans' Administration ambulatory care program, with emphasis on satellite clinics and the main focus being northwestern Indiana. At the outset, I would like to present a general overview of the VA ambulatory care program.

With the enactment of Public Law 93–82, in August 1973, which established the non-service connected veteran's eligibility for ambulatory care to obviate the need for hospital admission on a case-by-case decision, the demand for ambulatory care increased substantially. To illustrate the effect, the number of outpatient medical staff visits increased nearly 4 million visits between fiscal years 1974 and 1976.

During the same period, the workload for veterans without a service-connected disability increased almost 3 million visits.

Due to limitations of resources for staffing and space, such uncontrolled growth was an obvious threat to the quality of care provided by the Veterans' Administration.

The Congress also recognized this threat to quality of care. In 1976 it enacted Public Law 94–581, provisions of which directed the VA to provide outpatient care in accordance with a specific priority scheme, with ambulatory care to be provided on the basis of the availability of resources. One of Congress' major purposes in enacting the legislation was to shape a new direction for the Department of Medicine and Surgery after almost a decade of tremendous growth, a direction that will emphasize better and more comprehensive treatment primarily for service-connected veterans and primarily within the limits of existing resources, existing programs, and existing facilities.

Those concerns were given further expression in the committee report on one of the bills which formed the core of that law—and I am quoting now.

> The Committee believes that in 1976 congressional efforts should concentrate on consolidating the impressive growth that has already occurred and insuring the efficient utilization of resources that already exist. It is time to take a searching look at present priorities within the enormous system of hospitals, outpatient clinics, and other facilities and, where necessary, to establish clear priorities for the allocation

for VA resources in order to redirect care and expenditures for the benefit of veterans with the strongest claim to treatment in VA health care facilities.

The Congress clearly understood that even if there was an increase in the efficiency of our ambulatory health care delivery programs, it would not be sufficient to enable the VA to meet all of the workload associated with veterans who did not have a service-connected disability. To make this clear, Public Law 94-581 not only provided a treatment priority scheme, but also directed that care for veterans without a service-connected disability to "obviate the need for hospitalization" be the lowest ambulatory care priority.

This concern for insuring the effective utilization of resources is the basis for our policy regarding the satellite clinic component of the ambulatory care program. Before stating that policy, I will review the history of the satellite clinic program.

The development of VA satellite clinics dates back to 1973. In that year, the Veterans' Administration conducted a study to identify those metropolitan areas without a VA presence in order to develop priorities for potential locations for outpatient satellite clinics.

The study employed two criteria to identify potential locations: First, the location had to be a standard metropolitan statistical area [SMSA] of at least 200,000 inhabitants, and second, the potential site had to be at least 40 miles from the nearest VA health care facility. This initial study identified 21 potential outpatient clinic locations.

Another study was conducted in 1974, and although the population criterion was reduced to include SMSA's of 150,000 or more inhabitants, the distance criterion was the same, 40 miles. This study identified 26 additional potential outpatient clinic locations, making a total of 47 sites. In 1978, an update of the study employing the 1974 criteria identified 10 additional outpatient clinic locations, bringing the total to 57 sites.

Our policy regarding the location of satellite clinics reflects our concern for the most effective use of VA resources. Simply stated, it is to activate, as resources permit, only those clinics already scheduled and not to schedule further activations.

The current budget environment underscores the importance of this policy. The medical care appropriation may not be funded at the level in fiscal year 1982 that would allow for the same workload that was handled by the VA in fiscal year 1981. In addition to increases for inflation and normal salary increases, it appears that the medical care appropriation will be required to absorb increased costs for fuel and utilities, communications, Federal employee health benefits, dental fees, wage board pay increases, and a portion of the GS pay raise.

Given the current resource situation, and considering the possibility of further budget reductions, it is not possible for the Veterans' Administration to support additional satellite outpatient clinics within existing resources.

Despite the fact that no additional outpatient clinics are planned, the lack of immediate access to a VA satellite clinic does not mean there is a lack of opportunity to obtain needed health care. Travel expenses associated with obtaining health care under VA auspices

may be partially or totally defrayed by the VA for service-connected veterans and others unable to pay such expenses. If the VA cannot provide the required care, or cannot do so economically because of geographic inaccessibility, certain veterans requiring treatment for service-connected conditions or for conditions requiring treatment after hospitalization, as well as veterans 50 percent or more service-connected disabled, are provided services at VA expense in the private sector. This is accomplished using local private physicians and other qualified health care professionals. These services are also available to other veterans, including those who cannot function without the aid and attendance of others. Thus, there are alternatives to VA satellite clinics.

As regards VA ambulatory care in the northwestern area of Indiana, veterans in this area are primarily served by three medical centers in the Metropolitan Chicago area—namely, Chicago Lakeside, Chicago West Side, and Chicago Hines. During fiscal year 1980, nearly 14,000 staff visits were generated to the Chicago area VAMC's by veterans from the northwest area of Indiana.

Also, during fiscal year 1980, veterans in the northwest area of Indiana made more than 6,262 fee visits to private sector health care providers costing more than $132,300, which were paid for by the Veterans Administration.

Congress has long recognized that our ability to provide care is directly related to available resources. Adding new, unscheduled outpatient clinics to the system can only result in a dilution of our current resource base. Accordingly, we believe our policy is a sound one. Moreover, departing from that policy poses the danger of compromising our ability to meet existing commitments. We believe such a result would produce grave concerns on the part of all veteran beneficiaries. We are hopeful that the Congress shares these concerns.

That concludes my statement.

[The attachments to Mr. Zamberlan's statement appear on page 90.]

Mr. EDGAR. Thank you very much for your statement.

I wonder if you would draw a mental map for me, placing yourself in the middle of that map right here in this community, and sketch very briefly for me the health care facilities that the Veterans' Administration operates in the Greater Metropolitan Chicago area and the Indiana area. Where would those facilities be located?

Mr. ZAMBERLAN. It looks like it is the southwest corner of the lake area in Chicago——

Mr. EDGAR. The southwest corner of the lake area in Chicago. Where is that located? What is that facility?

Mr. ZAMBERLAN. That would be the Hines Hospital.

Mr. EDGAR. OK. We have a Senator by the name of Heinz in Pennsylvania, so I should be able to remember that name.

It is the Hines facility. Now, how far is that located from where you're sitting right now?

Mr. ZAMBERLAN. I will have Mr. Fears, the Director, provide the answer.

Mr. FEARS. Fifty-two miles.

Mr. EDGAR. Fifty-two miles.

Can anyone else guess?

How long did it take you to get here this morning?

Mr. MORRONE. It took about 50 minutes to get here, so by my odometer it's a little over 50 miles.

Mr. EDGAR. A little over 50 miles, OK.

What other facilities are available? We know of the Hines facility. Let's guess it is between 50 and 52 miles at this point. We're just averaging at this point.

Now, Chicago West Side is the second facility. How far is that?

Mr. ZAMBERLAN. It took Al Carr 45 minutes to get here, so——

Mr. EDGAR. Where is that located, in which community?

Mr. CARR. On the west side of Chicago, about 4 miles from downtown.

Mr. ZAMBERLAN. It is adjacent to the University of Illinois. The final one of the three is Lakeside, and it is located by Northwestern University Medical Center. It took us approximately 55 minutes to an hour to get here.

Mr. EDGAR. OK.

Mr. BENJAMIN. Mr. Chairman, would you yield for a minute?

Mr. EDGAR. I yield to the gentleman.

Mr. BENJAMIN. Would you gentlemen tell us how long it would take going the opposite way, if you were going at the same time you came here this morning? Because the flow of traffic is obviously the opposite way.

You were quick to tell us about the 45, the 50, and 55 minutes; how about if you were a veteran here and you were trying to get to your facility this morning at the same time you were coming here?

Mr. ZAMBERLAN. Mr. Congressman, I am not familiar with that traffic. Maybe one of my colleagues might be able to answer. I am sure it would take longer, but I wouldn't want to give you any kind of an estimate.

Mr. BENJAMIN. Wouldn't you say considerably longer? I presume you listen to the radio and you hear about the backups in traffic on all the arteries going into Chicago.

Mr. ZAMBERLAN. I would have to agree with that statement.

Mr. BENJAMIN. All right. Thank you.

Mr. EDGAR. We have noted those three facilities and the distance it takes to get from Chicago to here, and Congressman Benjamin has indicated the distance from here to there may be longer in terms of hours.

What other veterans' health care facilities are in the Greater Chicago area, including the Indiana area?

Mr. ZAMBERLAN. There is another one in Chicago, and it is North Chicago. It is predominantly a long-term psychiatric facility which most of the veterans residing in northwestern Indiana do not utilize.

Mr. EDGAR. OK. Where is that located?

Mr. ZAMBERLAN. It is near the Great Lakes Naval Base.

Mr. EDGAR. OK. That is four facilities all in the Chicago metropolitan area, a minimum of 45 to 50 minutes driving from there to here, and we haven't established the driving time, which we will a little bit later going the other direction.

What other facilities do you control?

Mr. ZAMBERLAN. We have three outreach programs in Chicago.

Mr. EDGAR. Three outreach clinics in the Chicago area.

Mr. ZAMBERLAN. Yes. One is just being established, and that is in Chicago Heights, which is in the southern part—it would be closer in proximity to this area.

Mr. EDGAR. Readjustment counseling center, is that what it is?

Mr. ZAMBERLAN. Yes, sir.

Mr. EDGAR. OK. And you have two other health facilities in this——

Mr. ZAMBERLAN. No, two more readjustment counseling centers.

Mr. EDGAR. So you have three readjustment counseling centers, three hospitals, one psychiatric clinic, all in the Chicago area?

Mr. ZAMBERLAN. In Indiana we have two medical centers, at Indianapolis and Fort Wayne.

Mr. EDGAR. Indianapolis is how far from here?

Mr. ZAMBERLAN. From here, 150 miles.

Mr. EDGAR. And Fort Wayne?

Mr. ZAMBERLAN. About 122 miles.

Mr. EDGAR. OK. So far I have heard of seven facilities.

Mr. ZAMBERLAN. And we have one at Marion, Ind., which is predominantly long-term psychiatric, and that is between Fort Wayne and Indianapolis, about 114 miles from Gary. And as someone pointed out earlier, we have a clinic in Evansville, which is in the southern part of the State. It is closer to Kentucky.

Mr. EDGAR. Are there any other veterans' health care facilities that have not been mentioned?

Mr. ZAMBERLAN. Not supported by the Federal sector, Mr. Chairman. I don't know if there is anything that is State supported in this area.

Mr. EDGAR. Thank you.

The reason I asked you to put that mental map together for us—and our staff and research will pinpoint it exactly—but it is just helpful for us to get some framework as to what your umbrella is under which the Veterans' Administration is trying to provide health care facilities.

It would also be interesting to lay on top of that mental map where people are coming from, who are utilizing those clinics, those facilities.

I noticed on page 3 of your testimony you were giving us some history and pointing out the criteria used to identify potential locations. At the bottom of that page you listed a criteria, that the potential site had to be at least 40 miles from the nearest VA health care facility.

I would argue—and I know it is not a matter of law at this point—that using a criteria of 40 miles in most areas of the country would be adequate. But in areas where you have major congestion, major traffic problems, you ought to add a parentheses there and indicate the time and the distance it takes to move from one place to another. Forty miles in open territory heading across cornfields may take 40 minutes. Fifty miles heading the opposite direction of traffic may only take 50 minutes. If you're driving over the speed limit, which is 55 miles an hour, you can make it. If you're driving the speed limit and you're going into the traffic, particularly into the Chicago area, I would suggest that perhaps the 40-mile-radius limit is not an adequate description given some of the things

I have heard about the need for a clinic in this area. We are going to do some further research and detailed explanation.

I am curious about the Veterans' Administration statement here for these field hearings, because if I understand it right, a good four-and-a-half pages of it details the history of the problems of limited resources and times of tight budgets, and only about two-and-a-half to three paragraphs deal with the issue of health care in the northwest corner of Indiana.

Is there a reason for that?

Mr. ZAMBERLAN. No. I have supportive documents, but the main concern at this time—and I'm sure I don't have to mention this to you—is the decremental budget position we find ourself in the budget. We have a budget shortfall in fiscal year 1982. Our medical care budget in 1982 is approximately $7 billion. I mentioned some of the absorptions we're going to have to make just to try to continue at the same pace we did in 1981. There have been estimates that we have almost a billion dollar shortfall in meeting veterans' demand for health care.

[Subsequently, the Veterans' Administration provided the following information:]

Projected shortfalls in fiscal year 1982 total approximately $150 million. In addition to these shortfalls, the VA in implementing, without additional resources, section 102 of Public Law 97-72 will be required to deny or delay treatment of some non-service-connected veterans in order to provide care to other veterans for conditions possibly related to Agent Orange or Nuclear Radiation. Current estimates indicate that this provision of Public Law 97-72 will generate 12,300 patients treated, 338,000 outpatient visits costing $60 million in fiscal year 1982 and 19,700 patients treated, 621,000 outpatient visits costing $96 million in fiscal year 1983.

Mr. ZAMBERLAN. With that kind of involvement, a redirection or reallocation of resources would not enable us to introduce new programs into the system, such as Congressman Benjamin is suggesting.

That would introduce, by our projections, another 50,000 visits. Right now we are experiencing some 14,000 visits. Roughly 20,000 if you add the fee basis together. That's the position of the VA. It's the budget situation that is causing us concern.

It was suggested that we would reallocate some of the resources from our Chicago facilities to accommodate the Indiana facilities. That has not been our experience. Usually what happens, you continue to grow.

Mr. EDGAR. I have two additional questions and then I will yield to my colleagues. I notice that my colleague, Floyd Fithian, has joined us. I want to thank him for coming and we will await his statement following the Veterans' Administration.

Two questions: First, suppose we use the crack leadership of two creative Senators from the State of Indiana who are friends of the new administration—Senator Lugar and Senator Quayle—and we use the legislative capabilities of a Bud Hillis and an Adam Benjamin and a Floyd Fithian, and we lay on to the Veterans' Administration the fact that there is a health care need for an ambulatory care facility in the northwest corner of Indiana.

And suppose in this speculation we indicate not only that there is a need, but that we will increase the Veterans' budget by Bud Hillis' $7 million for a facility, so that it will not be taken out of

the very limited resources that you have dictated in most of your statement. It is $7 million that will be added on to the Federal budget earmarked for an outpatient facility in the northwest Indiana area.

OK. We have made all of those suppositions—crack legislative capabilities, an add-on of $7–$10 million for the facility in this area. We have documented the fact that the need is there. Would you then, as the Regional Administrator of the VA, feel comfortable about the location of that facility if it did not mean the dimunition, the reduction of resources in your other health care facilities?

Mr. ZAMBERLAN. Can I ask if this team is going to put a billion dollars on top of that, too.

Mr. EDGAR. Are going to put another million dollars——

Mr. ZAMBERLAN [continuing]. The crux of the problem is that we are already short. I think what I have to do is reassess the needs, say, in the Great Lakes region and perhaps central office may want to reassess the needs in his entire system to see whether that $7 million to construct a clinic has as high a priority as some other needs that we have.

Mr. EDGAR. Well, I am sure there are other needs. I know of the hospital system, for example, that is cutting back on equipment; I know that beds are being cutback and medical personnel are being cutback. We are doing a lot of contracting out of services. There are a lot of changes and turbulence, I guess you have to say, within the veterans health care system?

I think, if we would do this legislatively, we would direct your medical director to put the clinic here, mandate that it be here, and not give him the freedom and the latitude to use the $7–$10 million for other needs.

I wonder if you could explain the billion dollars that you were talking about. Are you talking about an extra billion dollars for the whole health care system?

Mr. ZAMBERLAN. There was an unofficial estimates made by resource personnel to this effect. It was addressed to such areas as unfunded patient workload, new legislation, and other unmet requirements. I can't enumerate specifically the precise components of that figure.

Mr. EDGAR. Let me ask you one final question and then I will yield.

We are asked, as Democrats and Republicans, in times of tight budgets, to be imaginative and to think of ways to provide services in new ways. I laid out a suggestion to my colleague Adam Benjamin about the possibility of a mobile ambulatory clinic that might be provided for this area as a short-term interim solution as we are moving legislatively to find the dollars to provide an ongoing care facility here.

Would it be possible in the short term, if the need is identified, that there are enough patients that need ambulatory outpatient care facilities, to have a mobile clinic placed in this area, if facilities could be found at very moderate expense to put the doctors here—rather than having the patients go to the doctor, have the doctors come to the patients.

Mr. ZAMBERLAN. It's an alternative. I couldn't deny that. Specifically, you would want to take those physicians from the Chicago area, the allied health people, rather than putting more people onboard, is that right? You would pull the people from Chicago and bring them here.

I would have to ask my colleagues at those three medical centers, can they really expend those kinds of resources, or do they have other demands at this time.

Mr. EDGAR. We're just adding up the cost in our head of how much it costs you to pay for the travel time from here to there, and I am simply suggesting if you turned that around and had three to five physicians and nurses make the travel time and come the opposite direction, wouldn't you, in fact, make an overall savings?

Mr. ZAMBERLAN. I don't know at what time and place we would achieve the 50,000 visits that we are projecting. But generally speaking, the way the VA would staff that clinic eventually would require a cadre of 100 people, different disciplines and professionals.

I think it would deserve some more explanation before I would try to answer that specifically. I think it's an alternative.

Mr. EDGAR. I yield to my colleague, Bud Hillis.

Mr. HILLIS. Thank you, Mr. Chairman.

Thank you, Mr. Zamberlan, for your testimony here this morning. Certainly I know from your reputation of the fine job that you have done with the VA for many years and the great responsibilities you have as the Great Lakes Administrator.

One thing you said, though, indicated to me that perhaps we need further examination here. You estimate that there are 14,000 visits now, is that correct——

Mr. ZAMBERLAN. Approximately 14,000 staff visits in fiscal year 1981.

Mr. HILLIS. And your projection is that that would go, if there was such a facility here, to about 50,000; is that correct?

Mr. ZAMBERLAN. Yes, based on our model.

Mr. HILLIS. Well, if these figures are rational and anywhere near correct, that would show right off that there are people here not being served. In other words, there are needs not being met; is that not true? Am I wrong in assuming that?

Mr. ZAMBERLAN. No, I think that's a good assumption. However, it also puts more of a burden on a system that can't stand the burden. You identify more people to use the system, and I happen to be a veteran and I can support that. But based on the kind of resources we have to run a health care system, decisions have to be made and you people must help us make those tough decisions.

Mr. HILLIS. I understand that, and we have to look at the overall picture.

But how many employees would be in a clinic serving an area such as the Metropolitan Gary area? Could you break it down by categories such as doctors, nurses and so forth? If you can't do it now, I would like to have it for the record so we can see what we are looking at.

Mr. ZAMBERLAN. I can't give you the specifics, but a rule of thumb we have used, Congressman, is that for every 500 visits that

is accomplished, there is 1 FTE or 1 employee, and that would come out to approximately 100.

I happen to have opened a clinic in Toledo, Ohio and that is the figure I was given.

[Subsequently, the Veterans' Administration furnished the following information:]

In a clinic serving an area such as the metropolitan Gary area there would be: 119 general medical and surgical personnel to include physicians and nurses; 7 psychiatry to include physicians and nurses and 21 support personnel, which includes, 1 chief medical officer, 6 medical administrative staff, 3 laboratory, 3 radiology, 3 rehabilitation medicine staff, 3 pharmacy staff, 1 prosthetic and 1 dietetic.

Mr. HILLIS. Well, there would be an offset, though, by the fact that some of these veterans, at least 14,000 of the visitors, are on a fee basis treatment program today, and are being paid mileage to make the visits to these various facilities and most of them in the Chicago area; is that not true?

Mr. ZAMBERLAN. There would be, but I don't think it would be enough to make a difference, because we're going to generate more patients requiring travel from this area.

Mr. HILLIS. Well could you give us your best estimate? I don't want to ask you for that right now unless you have it. But I certainly would like it in the hearing record from your people and the people that man these facilities, if they can separate out and come up with a dollar figure, we certainly would like to know that.

[Subsequently, the Veterans' Administration furnished the following information:]

Our experience with a clinic which opened in Peoria, Ill. a couple of years ago indicated there would be no offset. If anything, that experience suggests that utilization of VA health care may be stimulated by virtue of improved accessability resulting in even more travel by veterans from the Gary, Indiana area into the Chicago area VA facilities.

Mr. HILLIS. There is a general trend, too, in Veterans' Affairs to reduce hospital beds. That has been going on for a number of years. I have been on the committee for a little over 10 years now and I have seen a steady erosion in the number of maintained or fixed hospital beds. In fact, I think now we have leveled out somewhere around maybe 65,000 to 75,000 beds.

With an aging veterans population, I think we all concede this number is going to be inadequate if we stay on the present basis that we're on, that there's going to be a greater shift to the outpatient facility. We are seeing that more and more, are we not, and that what I'm getting at is that the future needs of the veterans in this area are going to go up and are not going to maintain a level flow here because of aging numbers and perhaps in a continued growth in the area and those sort of things.

Mr. ZAMBERLAN. We are finding in the system that as the patients get older, the need for acute hospital beds is still there, in addition to the need for an extended care bed such as intermediate care and nursing home beds.

Mr. HILLIS. My point is that the veteran, perhaps, that's visiting Hines or West Side once a month today may 5 years from now find it necessary to go four times a month, and maybe some of them will be on a daily outpatient basis. Is that a logical conclusion?

Mr. ZAMBERLAN. I do have a chief of staff here that could answer that from a medical standpoint. I don't think you would have that kind of activity.

Mr. HILLIS. Do you or your people here have any projection for future usage? That's what I'm trying to find out and I would like to get that information for the record.

Mr. ZAMBERLAN. Future usage of ambulatory care—you mean like the average number of visits per veteran per week?

Mr. HILLIS. Yes, and from this area. Can that be projected logically? Do you have such a figure?

Mr. MORRONE. I don't have it with us, but it is something that we can project.

Mr. HILLIS. We would certainly like to have that for the record.

[Subsequently, the Veterans' Administration furnished the following information:]

Utilization of outpatient care is commonly expressed as the number of visits per 1,000 veteran rather than per veteran. Given this general expression, it is projected that the veterans in the area could, on the average, visit a clinic in the Gary, Ind., area at a weekly rate of:

1990 average visits, per 1,000 area veterans per week

Age:	
Less than 25	3
25 to 44	4
45 to 54	4
55 to 64	8
65 plus	10
Average	6

Mr. HILLIS. Thank you. I think that's all the questions I have.

Mr. EDGAR. Thank you, Bud.

I, too, would like to have that information for the record. I think it would be helpful to plot out at least for the next 10 to 15 years what your estimate is in terms of the age of the veteran population in the greater metropolitan area and in terms of the specifics of how many people will be using the facilities.

[Subsequently, the Veterans' Administration furnished the following information:]

The projected age of the Veteran population in the greater metropolitan area and how many people would be using a facility there can best be expressed in the following chart:

Age	1990 veteran population in greater metro area	1990 projected visits
Less than 25	9,900	1,560
25 to 44	45,700	9,520
45 to 54	31,500	6,550
55 to 64	30,000	12,480
65 plus	36,400	19,090
Total	153,500	49,200

Mr. EDGAR. Let me ask another question.

Do you think the VA would have any difficulty in staffing an outpatient clinic in this area?

Mr. ZAMBERLAN. History has shown us that an outpatient clinic is a very popular place in which to work. Recruitment and retention of employees should be no problem.

Mr. EDGAR. That is right.

Mr. ZAMBERLAN. I can only give you an experience that I had at the Toledo clinic that I opened. We had no recruiting problems because of the desirability of the hours. And I would have to say that that has been true in most of our satellite clinics.

I visited one in Columbus, Ohio, the other day, and one in Canton, and the quality of the personnel was impressive.

Mr. EDGAR. Thank you. I yield to my colleague, Mr. Benjamin.

Mr. BENJAMIN. What is your staffing at the Evansville Outpatient Clinic?

Mr. ZAMBERLAN. I don't have that, sir.

Mr. MORRONE. 23,000 patient visits.

Mr. ZAMBERLAN. If I could use that same extrapolation, I would say, it would be roughly 45 to 50 employees.

Mr. BENJAMIN. Would you check that out, please? Do you think you could put 40 to 45 employees on for $1.3 million a year?

Mr. ZAMBERLAN. $1.3 million includes other than personal services. This would include other costs such as drugs, laboratory. I was just trying to give you my calculation of employment using the standard of 500 visists per employee.

Mr. BENJAMIN. Would you please provide that information for the record?

The second thing is if the cost is $1.3 million for 23,000 in the Evansville area, what do you anticipate the cost would be here, if your projected number of 50,000 is correct?

Mr. ZAMBERLAN. I have two costs, but we call it a recurring cost, that is for the personal services, and all other costs—drugs for example. That would be approximately $2.5 million. It is approximately $3 million. And then for, what we call one-time costs, equipment, startup costs, another $3 million.

[Subsequently, the Veterans' Administration furnished the following information:]

It is anticipated that staffing a clinic with 40 to 45 employees today would cost, considering salaries and benefits, approximately $1 million to $1.125 million; therefore the answer to your question would be yes, we could staff a clinic with 40–45 employees for $1.3 million a year.

Mr. BENJAMIN. When will your figure build up to 50,000?

Mr. EDGAR. If the gentleman would yield. The gentleman from Washington, who is the statistician, and has some of the statistics is privileged to answer the question if he wishes.

Mr. MORRONE. On that one, I think Mr. Zamberlan is in a better position to answer.

Mr. ZAMBERLAN. Again, on experience, the Toledo Clinic is funded approximately for 44,000 visits. We are in our second year of operation, and we experienced about 34,000 visits last year. This would indicate approximately 3 years unless the demand here is greater because of the depressed economic situation, the 50,000 visits may occur sooner.

Mr. BENJAMIN. You have a figure of 50,000. Is it 1 year down the line, 2 years down the line, 3 years down the line? When should we be talking about $2.5 million of operational cost.

Mr. MORRONE. The figure of 50,000 visits is derived from a model that we operate that projects the number of visits you can expect a clinic to experience, based on the distance that clinic is from the place that veterans reside.

Mr. BENJAMIN. One, how old is your model?

Mr. MORRONE. It is current.

Mr. BENJAMIN. OK. Now, on the basis of that model, which you say is current, and I presume that your experience is followed by what the model has indicated; is that correct? The model has been held to be valid?

Mr. MORRONE. Generally——

Mr. BENJAMIN. What is the time involved, then, in the buildup to 50,000?

Mr. MORRONE. I would guess that if veterans knew the services available, that over a period of a year, you would begin to approach the projected workload. I can't tell you exactly though, again, people that have opened and operated such clinics might be able to give a better estimate.

Mr. ZAMBERLAN. I think it would be between 1 and 3 years, Congressman. Depending on the severity of the depressed environment.

Mr. BENJAMIN. Well, can your model give us a better conclusion than you just have given us, so that we can look at the operating cost on a period of each year for the next 3 years? Are you talking about one-time startup costs of $3 million?

Mr. ZAMBERLAN. Yes.

Mr. BENJAMIN. Based on 50,000.

Mr. ZAMBERLAN. We are talking about $6 million, half for personnel and operating costs and half for what we call nonrecurring expenses.

Mr. BENJAMIN. I think you are exaggerating. In fact, one of my greatest complaints with the Veterans' Administration is the same complaint I have with most administrative agencies of government, once there seems to be a curtailment, the first thing you drop off are the services. You don't drop off administration or expenses that could be removed.

I notice when the Government ran out of money on the 21st day of the month, and it was officially shut by the President on the 23d day of the month, the thing that was cut out immediately was services, nothing else, everybody else seemed to get their pay that seems to be associated with the Government.

So my point to you is I want to get these figures down, not on an exaggerated basis, but on a very practical, experimental basis from your model.

Are we 40 miles away? Would we meet that criteria, assuming the SMSA is at least 150,000?

Mr. MORRONE. According to the way we apply the criteria, this standard metropolitan statistical area wouldn't meet the distance criterion.

Mr. BENJAMIN. Why not?

Mr. MORRONE. The 40-mile criterion is what we have been using——

Mr. BENJAMIN. It is 40 miles from what to what?

Mr. MORRONE. From Lake County to the nearest VA medical facility.

Mr. BENJAMIN. According to your testimony, "The study employed two criteria that identified potential locations. First, the location had to a standard metropolitan statistical area of at least 200,000 inhabitants." And that was modified down to 150,000. And second, "The potential site had to be at least 40 miles from the nearest VA health care facilities. The potential site"—it didn't say the SMSA—"the potential site, if it were here, and affiliated with the medical facility, which is on this campus, is 40 miles away from every one of your facilities that you name in the Chicago area." Why wouldn't this be eligible?

Mr. MORRONE. We are using center population points—we are using a population center in this SMSA, and the distance from that point to the nearest VA facility.

Mr. BENJAMIN. That is not your testimony. I assume this testimony was approved before it was submitted? The testimony indicated from facility to facility.

Mr. MORRONE. There are two criteria.

Mr. BENJAMIN. I know what you are saying now. But I want to know why it didn't say that in this testimony. And what truly is the criteria? Whether it is what you are saying from the middle of the facility to the middle of the SMSA, or is it from facility to facility?

Mr. MORRONE. No, it isn't from facility to facility. It is from the population center of the SMSA to the nearest VA facility you see, we don't have a facility here.

Mr. BENJAMIN. You say Lake County doesn't qualify, and the reason it doesn't qualify is because it is within 40 miles of an existing facility. I am asking you where that 40 miles begins and ends. If you are talking about where we are situated right now, you are more than 40 miles away from any of the three facilities you say that qualifies us.

Now you are coming up with a new definition.

Mr. MORRONE. No.

Mr. BENJAMIN. Well, you are, from what you said your definition is here. Did I read that clearly? Do you have testimony in front of you?

Mr. MORRONE. The population center of this SMSA——

Mr. BENJAMIN. Well, let me ask you. Would you turn to page 3 of the gentleman's testimony? And would you read that same line and let's see, without being English scholars, either one of us, if we are reading the same thing? It had to 40 miles from the nearest VA health care facility.

Mr. MORRONE. The potential site, which would be the population center of this SMSA. That would be 40 miles——

Mr. BENJAMIN. Is that what this line says?

Mr. MORRONE. Yes.

Mr. BENJAMIN. The potential site is now the population center of the SMSA.

Mr. MORRONE. Yes.

Mr. BENJAMIN. We are not talking about Lake County. We are talking about Lake, Porter, La Porte, and outlining counties that make up a service area of 120,000 veterans.

Mr. MORRONE. The theoretical area that we use that had as a basis——

Mr. BENJAMIN. Let me tell you what you remind me of. In due deference to my friends who served in the Air Force, in due deference to my friends who served in the Navy, you measure 40 miles the way they do. A lot of us had to march the ground, and we didn't go 40 miles as the crow flies. And in this case, what we are making our testimony, on the basis of our case on, is that you excluded, by going through the aromatics, the semantics, the geomatics of your testimony, you have excluded a whole center of population of veterans that are not getting adequate service.

The proof of the pudding is the service that is applied to the veteran who lives in southwest Indiana that has the Evansville facility, where 27 percent of them have the use of that facility, and what you are talking about in the northwest corner of the State, where only 12 percent have the use of your three great facilities in Chicago.

So now, how do you go about systematically excluding a group of citizens and veterans who are paying taxes?

Mr. MORRONE. We don't systematically go about excluding them, we have systematically gone about looking at the country as a whole, and we do have a—having them identified as potential sites for the location of the clinics.

Mr. BENJAMIN. That is exactly what bothers me. You have taken a site that is about equal distance between Fort Wayne and Chicago at the present time, and you have excluded this site, which is nearer Chicago, but is almost virtually impossible to get to the services that are provided there, and you say, now, instead of going through this torturous trek into Chicago, go 65 or 70 miles into South Bend.

What are you doing for these veterans? And then, you further say, since we have identified these in 1974, they are part of 57, if you have any cash, let's finance these. Don't talk about any new ones. That is the essence of your testimony.

Mr. MORRONE. No, the essence of the testimony is that we have systematically identified where it is that we would place such clinics based on our current criteria.

Mr. BENJAMIN. And I say to you, you have systematically excluded, that if you are going from site to site as the crow flies, that is the way you measure those 40 miles, you have excluded us. If you go 40 miles on the ground, by the nearest route, you are not going to hit any one of those three facilities from where you are situated today.

What I am saying to you gentlemen is that you have gone ahead and established a pattern, and you give great weight to your 1973 and 1974 studies, but through this, and I don't know if this is repeated throughout the Nation, but through the weight of that study, you have excluded populations of veterans. And this is one of them that you have excluded, so I don't find any validity in that study.

When you say to me that South Bend, Ind., with less than 150,000 people around it, should have a facility there, and this northwest corner to have three-quarters of a million people, should not have a facility, why? Because they are within 40 miles as you measure it, to Chicago. And it is not 40 miles from facility to facility, but it is 40 miles to center of population. And I don't know where you are claiming the center of the population is. Can you tell me that much?

Mr. MORRONE. I can't tell you precisely, but I will provide that information.

Mr. BENJAMIN. Well, I wish you would go back and look at that, and then respond to my argument for the record. I yield back the balance of my time.

[Subsequently, the Veterans' Administration furnished the following information:]

The technique currently utilized involves a data set from the Bureau of the Census which gives the latitude and longitude of the center of population of a county based on that Bureau's count of the population. For a Standard Metropolitan Statistical Area, the reference point is the county which contains the area's main population concentration.

Mr. EDGAR. Thank you. Just so that the record is clear, there are clinics in areas that are closer than 40 miles. They were established before this 40-mile rule. In Philadelphia, for example, the clinic is 3 to 5 miles within the radius of the acute-care hospital.

Mr. MORRONE. There were a number of clinics that were established prior to 1973 that did not follow these criteria.

Mr. EDGAR. Yesterday, I had the great privilege to run in a 26-mile, 385-yard marathon in Philadelphia. I ran past the hospital and the clinic, and I know the distance, every foot of the way.

I yield to my colleague, Floyd Fithian, who joined us on the panel. Do you have any questions at this time?

Mr. FITHIAN. I pass in favor of an opening statement.

Mr. EDGAR. OK. Gentlemen, I appreciate your coming and making your statement. I wonder if there are any other comments that any of the gentlemen would like to make. You have before you a number of Members of Congress who represent a number of different committees. Are there any words of wisdom that you would like to share, within reason, that you would like to make at this point?

Well, let me thank you all for coming and being here. I hope some of you will stay and listen to testimony that follows.

Mr. EDGAR. I would now like to call on my colleague, Floyd Fithian, to take the witness stand and give a brief opening comment.

Congressman Fithian represents an area here in the State of Indiana, and is a colleague of mine who served with me ably as a member of the Select House Committee on Assassinations. He also has the distinction of being in the same car-pool that I am part of, getting from our community in Virginia, into the office in Washington.

Congressman Fithian, it is good to have you joining us today, and we will look forward to your opening comments.

STATEMENT OF HON. FLOYD J. FITHIAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. FITHIAN. Mr. Chairman, I shall be brief, for I came to hear what our veterans have to say. I was particularly interested in the testimony of the VA. I want to also express my appreciation for being here with Congressman Benjamin, who organized these hearings, and my good friend, Bud Hillis, from the Kokomo area.

I want to just make a few opening statements, Mr. Chairman.

The pleasure of being here with people who really care about veterans, like John Zambory and Keith Brown, who is a veterans organization person, all these veterans in the room are the people that we really care about out here in this area.

Congressman Benjamin very aptly I think, and very accurately pointed out that if you are talking about centers of population, you are talking about centers of need. Then you are talking about an area of enormous need, you are talking about over 100,000 veterans in the area that we are talking about wanting this facility for, 120,000 or so.

And you are talking about an area, which I would point out to the Veterans' Administration, is an area in which there is a very substantial demographic shift southward. So if there is any argument, Adam, about where the center of population is for Lake County, it is certainly moving more and more away from the veterans facilities in terms of the 40-mile criteria.

The Veterans' Administration statement that the budgetary shortfall is the problem, I expect is an accurate one, for that is a problem. But I would point out that when they went on to say that as a facility developed, more and more use would be made of it, seems to me that we are arguing convincingly for an outpatient clinic in this area, for as those visitations build up, and they are going to build up if this facility goes in, that would justify the need.

But I think you have looked at it on a more comprehensive basis. And I would urge my friends from the Veterans' Administration to really take a very careful look at what is happening to the age, the average age, of veterans, in this and in other areas. We have 120,000 veterans in the area we propose to serve, and the average age is increasing each year, within that veterans group.

And obviously, then, the need for health care facilities, and VA facilities, go up with increasing age of the veteran population.

And it seems to me that that would dictate to the Veterans' Administration in this large metropolitan area here a whole new perspective, and I would urge upon them that that perspective ought to cause them to go back to the books and restudy this, and reanalyze the need for it.

For if I may speak briefly to the catch phrase which this administration has used, the so-called safety net that the President has spoken of, I would argue the case, as vigorously as I know how, that that safety net has to include those people who served this country.

That safety net has to include the aging veterans population of this area, and we are talking about more than enough veterans to make full use, and then some, of the facility that we are describing.

It would seem to me, too, that in my experience in the past 7 years, serving a part of Lake County in the U.S. House of Representatives, that our experience, Mr. Chairman, with one VA case after another, with one veteran needing assistance after another, and working with our veterans' service officers, John, and the rest of them throughout the 14-county area that I represent, that we have increasingly documented the need for this.

I would just pause for a moment to say that the discussion of this outpatient clinic is now going into its sixth or eighth year in which I have participated. I am sure that it has gone on before that, before those VA cases came to my attention. And so, I would urge you, as a member of the Veterans' Affairs Committee, and Congressman Hillis is a member of that committee, and our representative from the administration here today, to review the case carefully, and with some humanitarian concerns and compassion.

And let me finally say that if we have $12 billion, as we just gave away to the oil companies in our recent tax bill, to give to oil companies during the time of their greatest age of prosperity, then surely, we can find $5 million to give to over 100,000 veterans in an age which is approaching their greatest need.

Mr. EDGAR. Thank you very much for your statement. Floyd does a good job in Washington in asking the right question at the wrong time and the wrong question at the right time, and I appreciate his summary comments, and ask him to join us here at the table, and ask important questions of our witnesses.

We have two statements that we have asked to come very quickly, at this point, and then we will move to the panels very quickly. The first is Dr. Martin O'Neal, who is chairman of the State medical society. Dr. O'Neal does not have a prepared statement, but I invite him to come to the table and give a paragraph or two of comment about the possibility of this veterans' outpatient clinic.

Dr. O'Neal, we appreciate your coming today, and we look forward to your comments and we understand that you do not have prepared remarks at this time.

STATEMENT OF DR. MARTIN O'NEAL, CHAIRMAN, STATE MEDICAL SOCIETY

Dr. O'NEAL. My greetings to all of the distinguished Congressmen that are here. I can number most of them among my friends. Those that I can't, I don't know.

One correction. The president of Indiana State Medical Association, I am not here speaking for the Indiana State Medical Association. I practice medicine in Valparaiso, Ind. and Porter County.

I am here primarily to say that the medical profession does not oppose quality care for veterans, and I want that thoroughly established that we do not oppose putting a facility somewhere, whether South Bend or anywhere, we do not oppose this at all.

We think that the veterans deserve quality care. The question that I have is the facility for the care that will be rendered on an outpatient basis, I am sure that the committee will determine from the facts and the figures that are gathered today, which I personally did not have until today, and they are a considerable number of facts and figures that need to be digested.

The feasibility, economically, I think is the only question that we would bring up. The service is a service that I believe, as stated by Congressman Fithian, as the people of the area get older, the qualified vets, it is going to be necessary to see to it that they do have an adequate place for care, without having to travel a great distance away in an area that is very congested and very difficult as far as travel is concerned.

So, in summary, I am going to say this: That the physicians of the area feel that the veterans deserve to have the best care possible, with the—at the best time and place, and at the lack of convenience that they are suffering at the present time, this should be eliminated.

The thing that we do wonder about is whether a free-standing facility would be the best way to handle this or whether there is an alternative way of handling it. Now, it is my understanding that perhaps it would take a while to get a free-standing facility available, anyway. It might be that in the interim period of time, there could be some arrangement made with some facility that is in existence, which would mean you don't have to go into the building business, but you go into the staffing business.

The question I heard a little earlier about the availability of staffing, I don't think that this was a problem in Evansville, in the facility down there, there were doctors that were available, doctors who were getting a little older, they were available for staffing, and I don't think that staffing has been a problem in the Evansville area.

At least that is my understanding. And I understand also that they see about 60 to 80 patients per day in a time interval from 8 in the morning to 5 in the afternoon, so seeing that number of people, and not having any information as to the fact that this is a hardship on any physician to partake or participate, I don't think you would have a staffing problem in northwest Indiana.

Thank you very much.

Mr. EDGAR. Thank you very much for your statement, and if you will just pause for a moment. One of my pet areas of concern is the quality of health care within the veterans medical system. In the Philadelphia area we have an older acute hospital. The thought that has occurred to me from time to time is that ambulatory care facilities, located next to the community hospital or in proximity to an already-existing health care facility could provide the outpatient services and the acute care facility could then be located in those major metropolitan areas similar to the Chicago area, Philadelphia, New York, et cetera.

If we were to suggest that an outpatient clinic be located in this region, are there health care facilities already in existence, that is, hospitals, teaching hospitals, or other medical facilities, in this area that you would think might be possible places to explore for such a facility? So that the facility would not necessarily be so free-standing that it would have to have all of its own specialized equipment.

It might, in fact, be located next to or near an already-existing medical facility; provide the staffing for veterans and those veterans could then use the existing equipment on a fee basis that already existed at that medical facility.

Dr. O'NEAL. I think an answer to that question, the thought that most doctors have expressed is exactly what you are saying and doing. The duplication of facilities is not cost effective. The utilization of existing facilities is cost effective.

Therefore, if you had the facilities available near the facility that would take care of the outpatient, and you could utilize those facilities already in existence, this would be cost effective.

Mr. EDGAR. The labs, the X-rays, the other kinds of auxiliary equipment.

Dr. O'NEAL. Right; EKG's, lab, and X-ray, and so forth. You know, there are some patients that are outpatients that become inpatients when they are seen. And you have to bear this in mind. I mean, if you have a facility close by, you can determine this more readily than you can if you don't have all the ancillary services that you need in order to perform a thorough examination.

The area has sufficient facilities available along this line, regardless where in Lake County or Porter County an outpatient VA facility would be located there are adequate facilities available.

Mr. EDGAR. If you have time and for the record, you might want to do an assessment from the point of view of your society of which of those facilities would be, not just picking one, but giving us a whole listing of the facilities that might have those kind of auxiliary services.

Dr. O'NEAL. Oh, yes. We can do that.

Mr. EDGAR. That would be very helpful to us.

Dr. O'NEAL. Fine.

[Information subsequently submitted by Dr. O'Neal:]

Medical facilities which are located in the northwest Indiana area

Name of facility:	Location
St. Catherine Hospital	East Chicago.
St. Margaret Hospital	Hammond.
Community Hospital	Munster.
Porter Memorial Hospital	Valparaiso.
St. Anthony Hospital	Crown Point.
Gary Method (north campus)	Gary.
Broadway Methodist (south campus)	Merrillville.
St. Mary Medical Center	Gary.

Mr. EDGAR. Thank you for coming and testifying. Let me just see if my colleagues have questions.

Mr. HILLIS. I have no questions, but I certainly want to welcome you, Dr. O'Neal. Your statement has been very valuable and helps the record very much. Thank you.

Mr. EDGAR. I yield to my colleague, Mr. Fithian.

Mr. FITHIAN. I have no questions. I just want to welcome you, Doctor, and say that is my judgment, Mr. Chairman, that the medical profession in these counties give every indication of being very cooperative with whatever the committee decides to do with this.

Mr. EDGAR. Thank you.

Thank you for your testimony.

Dr. O'NEAL. Thank you.

Mr. EDGAR. Our next witness, who will give a short statement, is Eloise Gentry, who represents the Urban League. I wonder if she would come forward at this point and give her statement?

Eloise, we want to welcome you here, and ask that your statement be made a part of the record.

[The prepared statement of Ms. Gentry appears on p. 94.]

Mr. EDGAR. We are going to have to ask you to summarize your statement. Many of the points have been made, and we do have a large list of witnesses. We want to move quickly to our panels, and again, thank you for coming, and we look forward to hearing your statement.

STATEMENT OF ELOISE GENTRY, EXECUTIVE DIRECTOR, URBAN LEAGUE, ACCOMPANIED BY CARDOVUS PATTERSON

Ms. GENTRY. Thank you very much, Mr. Chairman. We really would like to express our sincere thanks for giving us the privilege of moving our particular point at this destination because of some other commitments, but would not, in fact, leave the area without sharing with you some of our sincere feelings about veterans.

Further, Mr. Chairman, and the other honored guests, and those of you who took time to come from your busy schedules to be with us. We are more than pleased with the Honorable Adam Benjamin, who works very diligently in the area in helping us with veterans and all of the needs of northwest Indiana.

We think, further——

Mr. EDGAR. We may ask you to repeat that when he is here.

Ms. GENTRY. Oh, yes. Thank you very much, Mr. Chairman.

We have an answer for you as far as the mental map in distance. On my left is Mr. Cardovus Patterson, that will share with you more of the visual map that you were interested in knowing as it relates to distance and to cost.

Urban League of Northwest Indiana was founded in 1945 as an affiliate of National Urban League. The league is a social welfare agency, established for the purpose of removing the many barriers that prevented Americans for—from enjoying equal opportunity.

Urban League of Northwest Indiana, through its veterans' affairs program, implemented a demonstration job development, counseling, training and placement program to serve the employment needs of selected disabled veterans and long-term unemployed veterans living in Lake County, northwest Indiana.

This program utilized the expertise of the league in veterans affairs, job training and employment for veterans in the private sector as well as the public, in business and in the not-for-profit corporations.

During 1978 to 1980, over 200 disabled veterans were placed in employment. However, during our counseling with approximately 70 veterans monthly, they constantly expressed their concern for a great need of medical services. In fact, the medical services of northwest Indiana, veterans are currently limited to outpatient clinics in Chicago, Ill., and Indianapolis, Ind.

The veterans in northwest Indiana utilizes the Chicago, Ill., facility if public transportation was available in many instances. I want to emphasize, Mr. Chairman, that the public transportation

which is available to the veterans and to the disabled veterans, is in fact that of the South Shore train, if it is running.

I wanted to emphasize that sometimes the transportation is not made available, and on many instances, we at the Office of Urban League would assist in taking the veterans there.

And if you could really see some of the veterans that we take there, if I may briefly describe that for you, once getting them to the bus, once taking them to the South Shore train, that may or may not be running, and they in fact use their meager fees that they have to pay to get into Chicago, and once they reach Chicago, which is the South Shore train, they must in many instances use the steps.

And those that are on crutches, and as Mr. Patterson, using various other forms of assistance for him, we have seen some of them actually get the apparatus caught into some of the railings. Or you have seen on the streets, even women, when they are wearing the high heels, their heels will go in there, but to see some of the veterans with the apparatus that they use getting stuck, that is the kind of thing that we are concerned about, too.

Once they leave the South Shore, they must further catch a bus, and the bus on those wintry days is very devastating, that we use, you know, with some of them. And then, once they arrive at the hospital, there which is Hines, in many cases, they sit and they sit for hours and hours and hours.

And once sitting, they are, in fact, treated and they are very pleased with the treatment that they receive. But I think Mr. Patterson can, in fact, share with you the distance, so that you can have some visual picture.

Mr. Patterson, would you share, please?

Mr. EDGAR. Mr. Patterson, we are pleased to have you here. We are going to have to ask you to summarize your testimony briefly for us.

Mr. PATTERSON. Very briefly.

I am a veteran of World War II and the Korean conflict, now disabled. I leave Gary, living on the far west side, by bus. Catch the bus, and go to the South Shore. Get on the South Shore, and ride it to the end of the line, and then transfer from the South Shore and walk the distance of 2½ blocks, from the South Shore station, which is underground, to the El Station, which is underground; catching the El from that station to the end of the line in Des Plaines, Ill., where you meet the bus going to Hines, then you must board the bus there, and get to Hines.

Now, in order to do this, I must leave home no later than catching the 6:05 train from Gary to be in Chicago by 8 a.m. I see the doctor at 8, they draw blood, and then I do not see the doctor again until 1 p.m. I must spend the whole day in Chicago, whereas if they had a facility in this area, I could at least go back home and return at 1.

Due to the fact that they draw the blood, because I am a diabetic, I must be there at 8 in the morning. They feed me lunch and breakfast, by the way.

Mr. EDGAR. At the hospital? Give me that again. It is a train——

Mr. PATTERSON. It is a bus——

Mr. EDGAR. A bus first.

Mr. PATTERSON [continuing]. To South Shore; the El in Chicago; and then the bus in Chicago, and reversed, it is the same thing.

Mr. EDGAR. What is the round trip cost?

Mr. PATTERSON. It costs 55 cents one way on the bus, which is $1.10 in Gary; $3.70 one way on the South Shore; which is $7.40; $1 one way in Chicago, because you must get a transfer, which is $2 in Chicago. It runs about $9 or $10.

Mr. EDGAR. $9 or $10 round trip?

Mr. PATTERSON. Yes.

Ms. GENTRY. You forgot, Mr. Patterson, to share with Mr. Chairman, that that is if one does not have a medicaid card. You see, if you have a medicaid card, then it is cheaper. It is like $1.70. Without the medicaid, it is about $3.40.

Mr. EDGAR. I see.

Ms. GENTRY. OK? Thank you very much.

Mr. EDGAR. That is very helpful to get not only the fact that it is not getting on just one vehicle, but it is several vehicles.

Mr. PATTERSON. Three.

Mr. EDGAR. And making the transfer.

Mr. PATTERSON. You can freeze if the South Shore runs in the wintertime.

Ms. GENTRY. Mr. Chairman, that was timely of you to ask the question, and Mr. Patterson was coming to assist me with that, because we thought that you would like to have that kind of information.

Urban League of Northwest Indiana takes great pride in obtaining employment for the disabled veteran. However, once you have obtained employment for the disabled veteran, and he must, in fact, pretty much call in to report his absence on a number of visits to the hospital, that means that it becomes another kind of problem for maintaining employment for them further.

We get nice jobs for them, and they are paid large sums, to a certain degree, but we still would like to have them report. The disabled veteran has many health problems as they continue to age, and I think the Honorable Mr. Fithian expressed our concern there, as you have said. The fact leads us to believe that their health care needs would increase tremendously as they continue to age.

We have briefly shared with you the expressions of Dr. Charlie Nelms, who is our president of board of directors, and we want to sincerely thank all of you again for giving us this privilege and we trust, and we believe you will help support an outpatient clinic for our veterans in northwest Indiana.

Thank you, sir.

Mr. EDGAR. Thank you very much for your testimony, and I appreciate your coming. Let me check with my colleagues to see if they have any questions.

Ms. GENTRY. Yes. Thank you, sir.

Mr. EDGAR. Mr. Hillis?

Mr. HILLIS. No, I have no questions, Mr. Chairman, but I certainly appreciate your testimony and that of Mr. Patterson. I think you helped fill in the picture of what we are, in our record, trying to find out about here today.

Ms. GENTRY. Yes.

Mr. HILLIS. Thank you for being with us.

Ms. GENTRY. Thank you, sir, and thanks for giving us this privilege. Have a good day.

Mr. EDGAR. Mr. Fithian?

Mr. FITHIAN. I have no questions, Mr. Chairman. I want to thank you both for coming.

Mr. EDGAR. I just have one comment. We saw the person from Washington with the Veterans' Administration share his statistics in terms of miles and distances, and things like that. It occurred to me after listening to the very articulate statement of the transfers and changes and buses, that some of our people in our bureaucracies and in particular in our Veterans' Administration, ought to come out and ride the buses, trollies, and subway cars to get a sense as to the time, and also perhaps, drive that distance in rush-hour traffic, so that they get a better sense of space and time, and not just in terms of miles as the crow flies.

Ms. GENTRY. A very sharp observation, Mr. Chairman. We invite them to come the four seasons of the year, and especially the winter.

Mr. EDGAR. Thank you very much.

Ms. GENTRY. Have a good day.

Mr. EDGAR. I appreciate your coming today.

Let's now move to our first panel, and we will ask our three panelists to come and sit in the center part here. John Zambory, Lake County veterans service officer; Jack Highberger, Porter County veterans service officer; and also Robert Cutler, La Porte County veterans service officer.

Gentlemen, I think you have all sat through the earlier witnesses, the Congressmen, the VA, the medical society, the Urban League, you have heard some of our comments about distance and space.

I am going to ask unanimous consent that your statements be made a part of the record at this point.

You may be assured that every word of your statements will be in the record.

And I think it might be helpful at this point if we would shift gears slightly, and ask you to summarize your statements, make the key points, and be prepared to answer questions that we might have. And again, we thank you for coming.

STATEMENTS OF JOHN ZAMBORY, LAKE COUNTY VETERANS SERVICE OFFICER; JACK HIGHBERGER, PORTER COUNTY VETERANS SERVICE OFFICER; AND ROBERT CUTLER, LA PORTE COUNTY VETERANS SERVICE OFFICER

STATEMENT OF JOHN ZAMBORY

Mr. ZAMBORY. Mr. Chairman, members of the committee, I am privileged to appear this morning on behalf of more than 120,000 military service veterans in northwest Indiana, who ask that the VA provide an outpatient medical facility to accommodate their needs.

As the Lake County service officer, I listen to veterans daily telling me the problems they encounter in going to the medical facilities in Chicago. One of the many complaints I hear is that they

have no proper public transportation facility to reach the VA facilities in the Chicago area.

Now, the veterans from northwest Indiana must provide their own transportation to any of the four VA hospitals in Chicago to receive treatment for their illnesses.

A veteran that is too ill to travel by himself must rely on his families or friends to transport him to the clinic. In many cases, this means that is an all-day affair, and the person cannot always rely on family or friends to stay there all day or to lose time from work.

Our veterans find it very difficult to obtain assistance in transporting themselves for necessary visits. Often, veterans may be required to go to the outpatient clinics on a daily or a weekly basis, which creates a crisis situation.

If a veteran from northwest Indiana wishes to utilize public transportation to Hines Hospital, he would go by South Shore Railroad to Chicago, take an elevated train to Des Plaines, and transfer by bus to Hines.

Three public transportation facilities must be utilized to get to the hospital. If connections are not right, or the hospital keeps a veteran late, an overnight stay at a motel, at his expense, is in order.

When a veteran goes to the hospital he is usually too ill to travel that far. Sometimes the veteran is not able to obtain transportation from his family, friends or organizations, and gives up in despair, forfeiting the necessary medical treatment.

Other veterans check into private hospitals with the expectation that the VA will pay for their stay. This creates a difficult situation for the veteran trying to collect from the VA for his private hospitalization if he has not obtained prior approval from the Veterans Administration .

Travel allowances are another source of headaches for the veterans going to a VA facility. Veterans who must be served on an outpatient basis are also authorized travel allowances by the VA. Now, if a veteran has no dependents, a $3,000 income limit is a standard guide to determine whether or not he will receive travel allowances.

If a veteran makes more than $5,000, and is married, he receives no travel allowance. As you can see, most veterans living in northwest Indiana do have a very big problem with transportation to the outpatient clinics in the Chicago area.

The Chicago VA hospitals spend more, over $2 million per year, for travel reimbursement to qualified veterans. While these large sums of money are being reimbursed to the veterans for travel, the amount actually received by each needy veteran does not truly reflect the actual costs of transportation which places an undue burden on the veterans in Lake County and other areas.

Travel reimbursement does not cover costs for highway tolls, nor parking expense at some VA hospitals which are at least $5 per day. And one in particular is the Chicago VA Northside Hospital. The Lakeside Hospital, rather, where there are no private—public facilities for parking. You have to go to a garage or—because you can't park near the hospital at all, unless you are forced to get a meter. And you have to feed that thing all day.

So it is very costly as far as tollways and the parking expenses. And I might say this, too. In the other hospitals, there are parking facilities. But if you are not there in time, you just go circle back and forth, and sometimes it will take you 30 or 40 minutes, trying to get a parking space, because they are already filled up.

According to the VA statistics, the average age of the veteran—World War II—is approximately 61 years of age; 32 percent more beds will be needed in the hospital and the outpatient clinics will not be able to accommodate the veterans requesting assistance.

I sincerely believe we owe these services to our veterans who, through no fault of their own, received injuries or illnesses fighting for their country.

I might add, Mr. Chairman, all of the veterans' organizations have endorsed this outpatient clinic. Our Lake County commissioners, our Lake County Council, our mayors, most of the mayors in Lake County have endorsed this. The entire community has wholeheartedly endorsed the outpatient clinic in northwest Indiana.

[The prepared statement of Mr. Zambory appears on p. 94.]

Mr. EDGAR. Thank you very much for your very clear statement. Gentlemen, would you identify yourselves?

STATEMENT OF ROBERT CUTLER

Mr. CUTLER. Yes, I am Bob Cutler, I am from La Porte County, and it will be very easy for me to summarize the statements here. La Porte County is on the farther edge of the Chicago facilities, and the closest VA hospital to La Porte is 67 miles to Westside VA Hospital; it is approximately 90 miles to Hines VA Hospital; and it is, with heavy driving and a long distance, and a lot of time to get to these VA hospitals.

It is almost impossible for the veterans to drive themselves; their families do not wish to drive them and get into the heavy traffic. An outpatient clinic in this area certainly would be to the advantage of all of the veterans in this area, especially to the people in La Porte County.

[The prepared statement of Mr. Cutler appears on p. 95.]

Mr. EDGAR. Thank you very much, Mr. Cutler.

Would you identify yourself?

STATEMENT OF JACK HIGHBERGER

Mr. HIGHBERGER. Yes, I am Jack Highberger. In Porter County, where I am the veterans' representative, we have 14,000 veterans. I think we rank about 13th in the State of Indiana, of 92 or 96 counties.

And many of these veterans have reached their middle years and older. Of course, they are in need of regular hospital attention, whether it be for medication or regular examinations.

We are located 70 miles from Hines Hospital where most of our people go. Their facility there is, of course, way out on the west side of Chicago. Unfortunately, all the facilities near Porter County are in the congested Chicago area, which again reiterates what these gentlemen said.

None of the people I serve have been turned down for medical assistance, but here is something that I am worried about. I have

been informed by a member of the Hines Hospital staff within the last 2 months that they had been informed by the Governor's Office, Governor Thompson of Illinois, that they were to take care of Illinois veterans first, if there were any cutbacks in VA assistance.

So that could create a very serious problem for us. I don't know how he could be involved in it, but there obviously is a way.

Many of the veterans I represent have limited incomes, of course, they can't afford hotel and transportation bills, if they have to stay overnight, and a lot of times they do not get money for their travels and so forth. That isn't always the case. That is the judgment on the part of the hospital whether they are deserving of that, and that doesn't always come true.

They are living on social security or some other small income. It is time that northwest Indiana, I recommend, is recognized as a large megalopolis of nearly 1 million people stretching from the Illinois line, East Chicago, Gary, Hammond, Whiting, Michigan City, La Porte, South Bend, if you want to go that far.

One million people. Our ties with Chicago are not nearly as great as they were 30 years ago, when it was the in thing to jump on the train and go to Chicago and do your shopping. That is not the case any more. With the shopping centers, people are orientated to shopping out here. They don't have to go to the Loop.

Our Vietnam veterans need special care for any agent orange reaction that they might have, and that is becoming a daily problem with more and more veterans of that era. A psychiatrist should be available at the clinic, or as you said, in conjunction with a hospital, to deal with these people, to help them in their situation, and it should be such that they could be counseled on a weekly basis.

Remember, as Chicago's population is dropping off each year, northern Indiana is a growing area, so I think that is something we should take a point of in the years to come, because it is happening each year; as Chicago's population drops off, ours increases and stretches out into the countryside.

[The prepared statement of Mr. Highberger appears on p. 95.]

Mr. EDGAR. Thank you very much for your statement, and your summary. Jack, let me assure you that Governor Thompson has a lot of responsibilities and a lot of areas where he has control, but the Veterans' Administration is not one area where Governors are able to take responsibility. I think I can say with some authority, and I think Bud Hillis would back me up on this, that the House and Senate Veterans' Affairs Committees, and the Veterans' Administration in Washington set policy in national veterans' legislation. Governor Thompson needs to spend time being Governor of the State of Illinois, and not indicating who should or should not get services from veterans facilities that are for the Nation, and not for any one individual State.

I have asked Ralph Casteel to ask a question of John in terms of your opening statement, and I yield to the chief counsel at this time.

Mr. CASTEEL. Mr. Zambory, my concern is on page 2 of your statement. You talk about travel allowance and the criteria for reimbursement to a veteran going to a VA facility. You indicate that

$3,000 and $5,000 income per year would have to be below that level in order to receive reimbursement.

Could you expand on that just a little for me?

Mr. ZAMBORY. Yes. That is correct, sir. A veteran—now, this information I received was from the medical administrator at the Westside Hospital this summer. In sitting down with him and interviewing him, this came up, and I asked him just what is the standard guide in this hospital for a person to be eligible for reimbursement allowances.

And this is what he gave me, $3,000 for a single veteran, $5,000 income——

Mr. CASTEEL. What concerns me, even for a non-service-connected veteran, this is an awful small income.

Mr. ZAMBORY. That is right.

Mr. CASTEEL. In order to preclude his reimbursement for travel. But in a service-connected veteran, a 100-percent, service-connected veteran would exceed the limitation from compensation alone.

Mr. ZAMBORY. That is correct, sir. Now, he didn't tell us—he didn't distinguish between a non-service-connected veteran and a service-connected——

Mr. CASTEEL. I am going to have to distinguish between them, because there is a difference.

Mr. ZAMBORY. There is a very big difference.

Mr. CASTEEL. That service-connected veteran, no matter if he is 10 percent to 100 percent, would be entitled to reimbursement, regardless of his income. Now the non-service-connected veteran, the Administrator of Veterans' Affairs can prescribe certain limitations for reimbursement purposes.

Mr. ZAMBORY. I assume that he was talking about nonservice-connected veterans in this case.

Mr. CASTEEL. Thank you.

Mr. EDGAR. I was sitting here fantasizing about the whole problem of the location of this clinic and the travel problems and my fantasy led me to having the Veterans' Administration buy a couple Chinook helicopters that are built in my district——

Mr. ZAMBORY. We would use them here.

Mr. EDGAR [continuing]. To carry 45 passengers and we will just ferry patients by helicopter directly to the hospital clinic. That is only a fantasy.

Mr. ZAMBORY. I would like to inject one thing in this, if I may. You have heard mostly on traveling, public transportation in our cases. But there are so many other facets that come to my attention.

For instance, when you are on an—where you are in an outpatient facility, prescriptions, you are authorized prescriptions by mail. Now, in many cases, these old veterans that are on outpatient basis, are waiting for this prescription to come in from the Westside Hospital in Chicago.

Now, I get calls every day at the office. They never got their prescriptions filled. I got calls that the wrong medicine was given to them. And these are poor people. These are people that are living strictly on social security, and perhaps even a $5 veterans' pension.

So, these are big problems. Now, if they had a facility here in this area, where if they had medical problems, they needed pre-

scriptions right quick. They can go right to the facility here in this area to pick up their medicine. They don't have to wait 3 to 6 months, in one case, to get the proper medicine.

These people can't afford it. No other way. I just want to inject that into this.

Mr. EDGAR. That is a helpful comment. I yield to my colleague, Bud Hillis.

Mr. HILLIS. Gentlemen, thank you very much for being with us today, and Mr. Highberger, you made one comment, I think that I would like for you to clarify or confirm that I think is very important.

We have—I have here figures on the veterans populations of the various counties. And, as I recall, the Lake County figures—well, I have it here—79,000-plus; Porter, as you testify, is approximately 14.

The area is continuing to grow, but as I interpreted your statement, the growth is coming more in the Portage area or east Lake County and Porter County. In other words, the point I am making is it is shifting, is it not, away from these facilities that have served them. Instead of being 40 miles of the center in a few short years it is going to be 60 or 70 miles; is this accurate?

Mr. HIGHBERGER. That is right.

Mr. HILLIS. And I wanted to be sure that the record reflected that, that we see a growing area, but one that the population is moving away from Chicago and not toward it.

Mr. HIGHBERGER. That is right. Very definitely, sir.

Mr. EDGAR. OK, thank you very much. I yield to my colleague, Floyd Fithian at this time, if he has any questions.

Mr. FITHIAN. Thank you very much, Mr. Chairman. I want to thank all three of our veteran service officers here who work very hard and very long to try to keep veterans services going in their respective counties, and I know in John's case, he and I have worked for a long time, back over the years, with the veterans organizations here trying to do something on the veterans clinic.

I would underscore for the record something that I think some—a point that he made, which ought to underscored. And that is that when a veteran, as you point out on page 1, when a veteran needs this service, very likely he is not going to be able to avail himself even of that very complicated route of public service or imposing upon someone else. He is simply not able to travel by public conveyance.

And therefore, it throws them back onto, well, the good will of someone else to take them there. I think that that is a point that we want to stress.

Mr. EDGAR. Thank you very much.

Congressman Benjamin, do you have any comments?

Mr. BENJAMIN. I join with my friend, Floyd Fithian, in commending the three service officers that are here today. I do want to particularly cite John Zambory from the Lake County Veterans Service Office, who not only is testifying today, almost directly from a hospital bed, but also joined us in Washington to testify before the committee at the initial hearing on this outpatient facility, has been the chief organizer in northwest Indiana to make sure that this becomes a reality.

And I thank you very much, John.

Thank you, gentlemen.

Mr. EDGAR. Thank you very much for your statements.

Now we are going to attempt to fill up every chair at the witness table. Panel No. 2 includes representatives from district I, II, and III of The Veterans of Foreign Wars; district I, II and III of The American Legion; the Disabled American Veterans, and the Nam Vets and Families.

Rather than read everyone's name, let me ask Don and Charles and Frank and William and Keith and Gus and Steve and Peggy to come forward and take chairs along the front. I left out Maybelle, but I hope she will come, too.

Ladies and gentlemen, we appreciate your patience this morning. We do have a large number of witnesses at the table. We are going to have to ask your indulgence in passing the microphone that picks up the sound. We hope this panel will represent a cross section of views of the established veterans organizations.

I am going to yield the gavel to my colleague, Bud Hillis, who will chair this particular panel while I slip out to make a telephone call. I will be back and probably have a couple of questions to ask of you, and again, I want to thank you for taking the time to come.

We will hear first from the Veterans of Foreign Wars, then go through the panel list. Let me ask each of you to identify yourself and where you are from before you begin your statement. Let me ask each of you to summarize your statement, and let me indicate to the audience that there are some of you who have come who have brought statements who are not part of our witness list.

There will be a time at the end of the hearings, after we hear from the panels, to receive your testimony, and there will also be an opportunity for people to submit testimony for the record through Congressman Adam Benjamin's office.

I now yield the gavel to my colleague, Bud Hillis, who will chair this panel.

Mr. HILLIS [presiding]. Thank you, Mr. Chairman.

As the chairman has outlined, why don't we begin as the panel appears on the list here, with Mr. Don Westbury, if you will begin, we will just follow right on down. And those of you who are represented, and if you will submit your full statement for the record, we would appreciate it very much, and summarize it at this time.

Would you proceed and go ahead.

STATEMENTS OF DON WESTBURY, VETERANS OF FOREIGN WARS, DISTRICT I; CHARLES NIXON, VETERANS OF FOREIGN WARS, DISTRICT II; CLARENCE MINNIEAR, VETERANS OF FOREIGN WARS, DISTRICT III; WILLIAM FLEISHMAN, EXECUTIVE VICE COMMANDER, THE AMERICAN LEGION, DISTRICT I; KEITH BROWN, THE AMERICAN LEGION, DISTRICT II; GUS KARACSAN, THE AMERICAN LEGION, DISTRICT III; STEVE NAWOJSKI, DISABLED AMERICAN VETERANS, ACCOMPANIED BY MAYBELLE FELLING, STATE SERVICE OFFICER; AND PEGGY BALUTIS, NAM VETS AND FAMILIES

STATEMENT OF DON WESTBURY

Mr. WESTBURY. Donald Westbury, first district commander, Veterans of Foreign Wars. It is an honor to be here today.

With 80,000 to 100,000 veterans in Lake County, Ind., and thousands more in Porter, Marshall, La Porte, Jasper, Newton, and Starke Counties, the need for an outpatient clinic in northwest Indiana is great.

The clinic in northwest Indiana would relieve a lot of the pressure on the VA facilities in Chicago.

A lot of the veterans in northwest Indiana could use the clinic that presently don't because of the time it takes to get to Chicago.

The Vietnam veterans need a clinic close to them because a lot of them are out of work, do not have the money to travel. The Vietnam veteran also needs some place close to go for delayed stress, drug problems, agent orange screening, and other problems that are confined to the Vietnam veteran alone.

The older World War II veterans have a hard time getting to Chicago because they don't drive, and public transportation is hard to get. He had to depend on someone else to get him to Chicago and home again.

The Korean and Vietnam veterans that go to Chicago for a checkup or prescriptions have to lose a day's work because of the time it takes to travel, and the time to see doctors. Many veterans that have an appointment have to wait hours to see a physician. After a physician is seen, the veteran then has to wait again to get a prescription filled.

Many of the VFW service officers drive thousands of miles and spend hundreds of hours at the VA hospitals a year, so that the veteran can get the care he needs.

If the veteran takes public transportation to the VA hospital, he has to make three or four transfers before he gets there. If he happens to be late for an appointment, then he might be told to come back tomorrow and does not get paid for one of his trips.

The need is great for an outpatient clinic in northwest Indiana. Now is the time to get it done for the veterans who gave so much for their country and to keep it free.

[The prepared statement of Mr. Westbury appears on p. 96.]

Mr. HILLIS. Thank you, Mr. Westbury.

Mr. Nixon, I will call on you now. And if you can summarize your statement, we would appreciate it very much, because of the short time.

STATEMENT OF CHARLES NIXON

Mr. NIXON. I am Charles F. Nixon, senior vice commander of district II, and also commander of my Post 7760 in Portage. My greatest concern to the committee here today is that of the established transportation problem in northwest Indiana to our facilities at Lakeside, Hines, and others.

Now, since the last committee meeting I was with, I traveled some 1,500 miles around these counties, Newton, Jasper, Starke, Marshall, Pulaski, Fulton, and Elkhart Counties, and others.

And I summed up in my statement one thing, and I believe you will see that I presented a small map of these areas. That if we were to locate an outpatient clinic in northwest Indiana, I believe our greatest fact is that we want to centerize it in northwest Indiana, which Porter and Lake County has a great amount of veterans also.

And you will see in my third chapter here, that I put a summons in there of the main highways in this area, which are 30, 80, 90 and 94, and that is from east to west. And your southern routes are 41, 421, Route 2, 149, 35 and 39, and also I-65. Other roads east and west are 6, 8, 10, 114, 14, 24 going to 421 which is the main road north and south to Wanatah.

Now these roads are coming to one area, and I am going to go on record as saying I made a mistake here, but my dad told me if you make a mistake, you have got an eraser for it. I would like to see, in the southeast part of La Porte County, which is in the area of Wanatah, and this area is not more than 45 miles from any point in the counties that you have outlined in northwest Indiana.

And I believe, as a commander, and as a past service officer in my Post, that any post, American Legion or VFW, would be to go on record as to help any veteran in our area to get transportation to this facility, free of charge, which would relieve the burden on our other taxpayers.

That is my statement.

[The prepared statement of Mr. Nixon appears on p. 96.]

Mr. HILLIS. Thank you, Mr. Nixon. I understand we also have on the panel this morning, Mr. Clarence Minniear, who is the—also from district II of the VFW, and I would ask if he has any statement, you could make a brief statement.

STATEMENT OF CLARENCE MINNIEAR

Mr. MINNIEAR. Yes. I am Clarence Minniear, commander of the second district of the Veterans of Foreign Wars, in Indiana.

Due to the severe cold and snow that can come to northwest Indiana, the VA outpa ient clinic will be very ideal for this area to all the veterans.

Another thing; my driving skill isn't as good today as it was years back, because of my age, which is nearing the average age of World War II veterans, at close to 61 years of age.

Also, this area could also serve the southwestern part of Michigan, which I think is being heavily populated. These three things that I have said here now were not brought up with this panel today, and I wish to go on record, and also state these on the record.

Thank you.

[The prepared statement of Mr. Minniear appears on p. 99.]

Mr. HILLIS. Thank you very much.

Is Mr. Hoskins here?

OK. We will call on Mr. Fleishman, executive vice president of American Legion District I. Is he present?

STATEMENT OF WILLIAM FLEISHMAN

Mr. FLEISHMAN. Yes, sir.

Mr. HILLIS. Thank you.

Mr. FLEISHMAN. The veteran population in the steel industry of northwest Indiana is estimated to be 250,000. Although the cold facts and strategy of the Veterans' Administration, by looking at maps, show that the service of the VA located in Chicago are ideally accessible by road travel and public transportation, most within 1 hour's travel.

What needs to be looked at is the actual situation faced by the veterans and their families who try to cope with this situation as it really exists.

Public transportation has deteriorated to a point of undependability never known before in modern times. The South Shore Railroad equipment and rail beds need updating, and facilities added to handle wheelchair travelers.

Bus travel, what little there is and left of it, is geared to the use of workers of this region. No bus drops exist which would make accessibility to the Chicago VA facilities easier.

Ambulance service, which is supposed to be available through the Veterans' Administration, too often is a practice in futility and too often the type of operation wherein the profit-conscious carriers attempt to carry a multiple number of patients to the Chicago VA hospitals from northwest Indiana.

Several critical reports have been aired by The American Legion members, who as patients themselves, or those helping fellow veterans, had to endure agonizing hours while the ambulance service made a circuit route pickup of two, three, and sometimes four patients for delivery to the Chicago-based VA hospitals .

Patients who managed to get to the hospital or outpatient facilities in the Chicago area are required to endure long hours of waiting to be processed and/or admitted. The continuing cutback in personnel is causing a worsening of the situation. Too often the family of the patient decides to arrange private medical and hospital care for their veteran family member, rather than put them through this ordeal.

The increasing number of staff doctors and technicians who have little or no command of the English language, add the problem of a language barrier between the veteran and the doctors, this being a deterrent, inasmuch as the veteran patient has developed a theory that just anybody, and not necessarily the best, serve on the staff of doctors in the VA system.

The VA hospitals in the Chicago area each have wards which have no patients, some wards totally sealed off and not used for long periods of time. The idea of a total disbandment of one of the VA facilities, moving the patient to another nearly VA facility; and

in place purchase or lease all or a portion of one of the hospitals in northwest Indiana for a VA facility to serve the 250,000 veterans as a hospital and outpatient clinic. This would eliminate the inconveniences presently being endured and end the discouragement that exists.

The veterans of the World War II era average out to be 58 years of age and older, and it is only natural that the need for medical and hospital care will increase. The veterans of the Korean and Vietnam era also need to be considered. Corrective action at this time will help solve their growing medical and hospital needs for now and in the near future.

Giving priority attention to correcting the present lack of convenient and proper means of caring for veterans entitled to such care, can serve to prove the meaning of oftmade statements by U.S. Presidents, past and present: "that America is grateful to those who served in the ways; that America is eternally obligated to give the best care and attention to those who bear the physical and mental scars, of their service in the preservation of our freedom."

Making second-class citizens of America's veterans seems to be another happening; that Americans, including congressional people, must turn around their beliefs mentioned frequently in hearings, that VA hospitals' case load involves better than 50 percent of them being alcoholics.

Those who make such reckless charges must never have visited a Veterans' Administration hospital, to actually see the patients being cared for, some limbless, some sightless, others bedfast and incurable; those whose minds are confused and hopeless.

In America we have an abundance of alcoholics, but this stigma exists with doctors, lawyers, educators, and others in every level of American living, and not confined strictly to veterans.

Records of Indiana veterans being serviced by the VA are kept in the Indianapolis office of the Veterans' Administration. Precious time is lost in trying to be served by Chicago-based facilities, while the records are distantly elsewhere. The creation of the clinic-hospital VA center here would necessitate transfer of records and recordkeeping to be within close proximity of where the service is being provided.

The American veteran has never asked for special or preferential treatment, but it is the wishes and demands of our citizens, that the Americans who were and are our defenders, have earned and deserve special concessions; that such promises have been made.

However, the greatest majority of veterans in America have provided for their own health care needs, and many of them have not sought or gained educational, housing, or personal benefits.

What we can't lose sight of is to provide for the needs of those who are not in a position to provide for their need, and who made sacrifices, and whose life, interrupted by war service, also interrupted their future and in some cases, their livelihoods. The families of those who gave up their lives are and should be our continuing concern.

The 250,000 veterans who live and work in this northwest corner of Indiana feel that a decentralization of VA facilities, much which is not being used, should be effected and relocated somewhere in our sector to serve the veterans who need the VA.

Thank you for permitting me to provide this statement.

Mr. HILLIS. Thank you Mr. Fleishman.

Now, I would like to call Keith Brown, for a statement representing district II of The American Legion.

STATEMENT OF KEITH BROWN

Mr. BROWN. Thank you, Mr. Chairman.

I am Keith Brown, alternate national executive committeeman of The American Legion. I am here to represent the second district today. I am not going to bore you with the brief statement that I have submitted.

Mr. HILLIS. That will be included in the record in its entirety, Mr. Brown.[1]

Mr. BROWN. I do want to comment that I believe that the estimate of the number of veterans to be served in this area by the establishment of this facility is quite low.

I believe that with the population shift from the East and South in the last decade, with the new industrial expansion in this area, I think you will find also with that the veteran population has grown.

I was quite interested in the statement by Mr. Edgar with regard to facility surveys, and within this area, there are so many fine medical facilities who could work with a VA outpatient facility.

You must remember that we have to crawl before we can walk, and I think this idea of having something small at first, until we can actually determine what the real need and use would be, we have not only the fine facility of Broadway Methodist, St. Catherine's in East Chicago, but in Valparaiso they have—Valparaiso University has the school of nursing, along with—that works with Porter Memorial Hospital; and there are other great facilities.

The periphery that would be served with this area would extend as far as Oaklandon, and Remington, on the south, Winamac, Francesville, Medaryville—the other points beyond would be equal distance to the use of the Indianapolis facility.

One other thing Dr. Martin O'Neal mentioned with regard to the doctors. After I had submitted my statement, I did talk to some doctors in the Valparaiso area. They said that if a VA outpatient center were established, it would reduce a lot of confusion and waiting for them.

Many times, when they make a referral to the Veterans' Administration to the Hines or other Chicago facilities, that it goes to the wrong place, and there is some indecision. And it makes quite a delay in the diagnosing and treatment of the patient.

I want to thank you gentlemen for taking the time to hear us. Thank you very much.

Mr. HILLIS. Thank you, Mr. Brown. Of course, we have heard a great deal here this morning about the distances involved, and I think that the Veterans' Administration is going to want to take another look at that, based on the testimony, and I think the feature you just made is that it is easier for people in the southern

[1] See p. 99.

end of this service area you described to get to Gary, Ind., to Chicago; is that not true?

Mr. BROWN. That is correct.

Mr. HILLIS. I would like, at this time, to recognize, and I hope we get this pronunciation right, Gus Karacsan of district III of The American Legion.

STATEMENT OF GUS KARACSAN

Mr. KARACSAN. Thank you, and I am glad to appear before this panel, from South Bend, Ind. I am Gus Karacsan, a third district commander of The American Legion, they have 10,500 members in the third district. That is American Legion members, not only the veterans, which there are 67,000.

NEED FOR VETERANS MEDICAL AND OUTPATIENT CARE CLINIC FOR NORTHWEST INDIANA

We in the third district of Indiana live in a snowbelt area. For 5 months of the year, it is sometimes stay home warning, weather watch—weather. Traveling to Indianapolis, over 150 miles, or to Hines in Illinois, over 120 miles, average.

Patients who need medical care would have to get up about 2 in the morning, to get on time for a 9 appointment. Sometimes get back home 9 to 10 that day. That is too long a time for a sick veteran to be on the road.

That is one reason why many sick veterans do not seek medical care. They dread the trip to either Hines or Indianapolis. They would rather stay home and die. Is that the way to treat old soldiers?

Snowfall in South Bend and all west Indiana, in the winter season, is from 80 inches to 177 inches, or 14 feet. This 5 months is when they are more sick than any other time of the year.

World War II veterans are now hitting the age they need medical care. This is a large group, and will be followed by Korea and Vietnam veterans. It will be used a long, long time.

Total veterans in the third district, 67,000-plus. A clinic in northwest Indiana would be a fast and easy trip to the clinic for our good road system, if the clinic would be built near the toll road. It would service northwest Indiana, southwestern Michigan, killing two birds with one stone.

This is a large populated area, and has a large number of veterans in it. Please give this area a No. 1 priority for this medical care facility.

Mr. HILLIS. Thank you very much, Mr. Karacsan.

And now, I want to recognize Steve Nawojski, who is accompanied by—from the Disabled American Veterans, and accompanied by Maybelle Felling, State service officer, for any statement that you might care to make.

STATEMENT OF STEVE NAWOJSKI DISTRICT COMMANDER, DAV, ACCOMPANIED BY MAYBELLE FELLING, STATE SERVICE OFFICER, DISABLED AMERICAN VETERANS

Mr. NAWOJSKI. Good afternoon, gentlemen.

My name is Steve Nawojski, the district commander of Disabled American Veterans, representing the counties of Lake, Porter, and La Porte. I am 67 years old. I am 100 percent nonservice connected; 30 percent service connected.

At this time, gentlemen, I would like to relinquish my time to our service officer, Maybelle Pelling, who is a State service officer since 1943.

Ms. FELLING. Thank you, Steve. And I feel that this is a great honor to be able to be here. I want you people to understand I am not a veteran, but I have given my life to the veterans, Disabled American Veterans since 1942.

I went to school 8 weeks and studied so that I might know how to help these veterans, and I averaged over 100 a month, that I helped. I am not going to read what I have got here, because you will have that.

I want to personally thank our Congressman Adam Benjamin for his wonderful help, and John Zimmerman. John Zimmerman is an angel, and Congressman Adam Benjamin did a beautiful thing when he put him on his staff.

And I would like to say this: That the distance that these veterans have to travel is pathetic, and I am going to tell you the Indiana veterans, I feel, do not get a fair chance at the Illinois hospitals. I just recently, as you see, put a veteran in Marion VA Hospital. I had no place else to put him. He is 88 years old.

He couldn't walk when I put him there, but he can now. He still doesn't really know everybody, but he always knows me when I go down there.

Now, that is about 170 miles from Hammond, Ind. Many of our veterans, since our papers have all been transferred over to Indiana, the boys are told to go to Indianapolis, Ind. for an examination. They go on their own. Many of us have taken up a collection, and sent a veteran to those spots.

As you know, when you say Marion VA Hospital, you think, well, you are talking about a mental hospital. That is not true now. We do have a medical portion there of our hospital. And believe you me, they are very, very good to our veterans.

The medication is another thing. We have a lot of trouble—I don't know if it is our local doctors that don't understand that they have to send in an order for five refills, and I don't know.

But I do know many of our veterans don't get their medicine. And we have an awful, awful time trying to get them. I got calls as late as 10 at night, "Please help me get my medicine." Many times out of my own pocket, I went out and purchased their medicine, because they had no money.

A lot of people don't think we have a lot of veterans up here in northwest Indiana. When we had our bonus down in Indianapolis, they said, "I don't know why we should give those papers to you, because you ain't going to have very many boys up there in that corner." I said, "Don't judge that."

So, I followed Mr. Heath over to fill out the papers for the Indiana bonus, and he thought, well, we got all of them. We have to 200-and-some boys there, and he didn't have a notary. And I notarized his papers. He said, "What can I do for you?" He had already turned me down, and he wasn't going to come up to Hammond.

I said, "Well, you just opened your big, fat mouth. Come up to Hammond, Ind., and we will show you a list of veterans." He did, and we filled out over 450 veterans.

So, I would like to say we surely do need a hospital. And I hope that you folks feel that it should be—I would like to see it in the area of Crown Point. Whether that is possible, I don't know. But it would be to my idea of being really an interesting spot.

And I want to thank you for the privilege of giving me this time. I am not supposed to be a good speaker, so I feel that I have trespassed on your time, and I want to thank you very, very kindly. I want to especially thank my commander here, Steve Nawojski, for the confidence he has in me.

And thank you, Adam Benjamin, and Mr. Fithian, Congressman Fithian, and I think you folks are doing a beautiful job. God bless you.

[The prepared statement of Maybelle Felling appears on p. 99.]

Mr. HILLIS. Well, thank you, Maybelle, very much for being with us today.

I would now like to recognize Peggy Balutis, representing the Nam Vets and Families.

STATEMENT OF PEGGY BALUTIS, PRESIDENT, NAM VETS AND FAMILIES

Ms. BALUTIS. Thank you, Mr. Chairman.

Mr. HILLIS. Please use the mike.

Ms. BALUTIS. Thank you, Mr. Chairman. Thank you very much for coming here today and hearing some of the problems that the Lake County veterans are faced with.

I am Peggy Balutis, president of Nam Vets and Families. I am here today as spokeswoman, not only for the over 23,000 Lake County Vietnam veterans, but for veterans of all wars.

We operate our phones at all times at our home, and we receive many calls, like I said, from not only Vietnam veterans, but all veterans. I received a call right before the holiday from a veteran who resides in San Francisco, Calif. He had his service-connected disability, and was in dire need of medication.

This man was not able to drive himself and had absolutely no idea how to get to Chicago, much less find a Veterans' Administration hospital, I might add.

To summarize, veterans traveling through and do not know our area, probably may not be able to find a medical facility in Chicago, such as this man. Some feel they cannot afford at this time any loss of pay due to the fact they have families to support.

Many are not working, have no transportation, and no means to pay someone else for gasoline. Vietnam veterans most definitely should have the opportunity for agent orange testing. Many have not done so because they must travel to Chicago. Some say and think it is too late for them, due to the years since exposure.

Also, if there were facilities nearer, they would be more apt to go. I do not believe anyone can measure dollars and cents when we are talking mental anguish to veterans who must spend needless time away from their homes and their families.

I believe our veterans are the backbone of our country, and should have top priorities when we are discussing their health and their well-being. I wish at this time to make it explicit the fact that there has been no medical facility of any nature for veterans in our region for too long a time.

It appears to me that this region's money goes to Chicago, never returned, and that we have been, so to speak, forgotten. It is my belief that the patriotic Americans, we not only as human beings, but God's children, have down through the years neglected the men and women who, without hesitation, entered battlefields to preserve America's democracy and freedom.

I strongly urge that an outpatient medical facility be as promptly as possible opened and fully staffed in northwest Indiana. I, and all of the members of my organization would like to thank you from the bottom of our hearts for coming and listening to us today.

We hope and pray that you decide in favor of an outreach center—excuse me, medical center, in our area.

Thank you.

[The prepared statement of Ms. Balutis appears on p. 100.]

Mr. HILLIS. Thank you very much.

At this time, I would like to recognize Congressman Benjamin for any questions he might have of this panel.

Mr. BENJAMIN. I have no questions other than to thank the ladies and gentlemen for their articulate testimony on behalf of the veterans' groups that they represent. And I know from my experience, that the testimony was not only eloquent but it was right on target, and I appreciate your taking time from your busy schedules to be with us.

Thank you very much.

Mr. EDGAR [presiding]. Congressman Fithian?

Mr. FITHIAN. Thank you very much, Mr. Chairman. I think this has been an eloquent testimony by some people who have served their country well. We would do very well to listen in. I have just one question of the panel.

Keith Brown suggested that, representing his part of the veterans' world, that they took, as I understood you, Keith, positively to Congressman Edgar's suggestion that we might consider some kind of an interim facility, an old facility, in conjunction with the medical facility in the area, and then as this develops, move on into a stationary kind of facility.

I would just ask this question in the positive sense, and that is, whether any other veterans organizations here would disagree with Mr. Brown's assessment that that would be reflective of the veterans' thinkings of the veterans' organizations in the area?

Well, I take it, then, Mr. Chairman, that the comment that you made earlier has taken some fast root here this morning, and the interim facility might be something that we could look to with a great deal of interest.

Thank you very much.

Mr. EDGAR. Thank you, Mr. Fithian, and Bud Hillis, I would like to thank you for chairing the meeting.

I do have a comment to make. I am the only member of this panel who is not from Indiana. I work in the State of Pennylvania and we have a number of very good veterans' leaders in the State

of Pennsylvania, and from time to time, when they either come to my office or testify before a hearing that we are holding in Pennsylvania, I discover that veterans' groups, like a lot of other interest groups who care very deeply about their subject, sometimes lobby Congressmen in ways that aren't as effective as other ways.

From my limited experience, having not been here in Indiana, let me just share with you four ways to lobby a Congressman. You have some capable ones here in front of you. There are lots of others from the State of Indiana.

It occurs to me that so often we fail to recognize that we, as Congresspeople, are very busy. There are 185 different committees and subcommittees; there may be as many as 20,000 bills introduced in a 2-year period.

I think the best and most effective way to get your message across as veterans' organizations is what I call eye contact, and that is inviting your Senators and your House Members to come and visit with you, for you to come to their office, particularly their district office, and really communicate with them.

Many veterans' groups are very good at that. I would suggest, in terms of this issue, that the network of veterans' organizations that you represent be clear in having a conversation with all of the Members of Congress from the State of Indiana, on a one-on-one, half-hour setting in their office.

The second way to lobby a Congressman is through staff contact. Each of us, as Congressmen, have a staff person who is identified with the issue of veterans. Find out the name of that staff person, where their office, is what their telephone number is, and do the same eye contact visit with them.

A third way to lobby a Congressman is through a telephone contact. For example, you see the President signing into law the veterans health care amendments of 1981, and you want the details of that law. Call the district office, and ask the Congressman to provide you with a copy of the law, and a copy of the background information and the staff will be glad to make that information available to you.

The fourth way to lobby a Congressman, and it is fourth in the series, after you have made your eye contact at least once a year, your staff contact and your phone contact, I think it is important to send a letter. They should be letters that are targeted to the issue that you are interested in.

I find—and I will just speak for myself here, maybe my colleagues would differ with me—that the worst way to lobby a Congressman is to send a form letter, a form postcard, a form telegram. Those are good if you want to educate your own members, and your own membership. But they do nothing more in my office than cause me to put a staff person on an automatic typewriter and push a few buttons and have them respond in a robot way to your need.

If you are really interested in getting your point across on compensation, on health care, on Vietnam-era veterans' issues, on issues relating to housing, or burial benefits, I think that the eye contact, the staff contact, the phone contact, and the targeted letter contact are the best and most effective ways to get your message across as we share information.

Your national associations, national VFW, and national American Legion, national Vietnam veterans' organizations, they are very helpful. They testify before us often in Washington. But I just want to speak for myself. They have far less impact on me as a Congressman than you would have coming from my particular district in communicating directly. So you should ask your national associations to give you information; give you thoughts; give you comments; give you materials; and then you should take opportunity to educate your Members of Congress.

Bud and I serve on the Veterans' Affairs Committee. We deal with veterans' issues all the time. We know what the agenda is for the veterans of the United States. Many Members of Congress don't serve on that committee, and may not hear about the bills and the pieces of legislation until they work their way to the House floor. I hope this description on how to lobby Congressmen hasn't been burdensome to you but I think it is helpful as we talk together in these settings which are limited in scope, to really share ideas with one another on how to get messages across.

You are helpful, and you have been effective in articulating your need and all of your statement will be made a part of the record.

Mr. HILLIS. In conclusion, I just want to thank each of you for coming and contributing and making an important contribution to the record here today. And certainly what you have said will be considered and weighed with everything that has been said here.

I think that you have done a very effective job, as the chairman has outlined how to lobby your Congressmen. I certainly want to say that, too, to Keith Brown, because not only do you make a contribution here today, I know you are one who comes to Washington frequently, and gives us important input on national veterans issues.

And I, for one, along with the chairman, appreciate each of you very much.

Thank you.

Mr. EDGAR. Thank you very much.

We will move now to our third panel.

First, on our third panel, is Hon. Calvin Green, mayor of Hobart, Ind.; also Ed Vennon, director of the Northwest Indiana Association of Commerce and Industry; Mike Staresnick, Northern Indiana Health Systems Agency, and also, I understand, Kip Kaplan is in the audience, who is director. We ask Kip to come forward as well; Mark Ward, State commander of the Vietnam Veterans of America; and Patsy Cole, Northwest Indiana Chapter of the American Red Cross.

Are all those persons here? Patsy Cole? Would you come forward at this time? And Mark Ward? OK?

Ladies and gentlemen, we want to thank you for your patience in coming today. We would like you to know that your full statement will be made a part of the record. You have heard a lot of testimony today about the interest in this particular facility. We do want to hear your point of view.

Why don't we begin by Calvin Green, mayor of Hobart, and we will go through the panel.

STATEMENTS OF HON. CALVIN GREEN, MAYOR, HOBART, IND.; ED VENNON, DIRECTOR, NORTHWEST INDIANA ASSOCIATION OF COMMERCE AND INDUSTRY, ACCOMPANIED BY STEVE STRAINS; KIP KAPLAN, NORTHERN INDIANA HEALTH SYSTEMS AGENCY, ACCOMPANIED BY MIKE STARESNICK; AND BARBARA LAMBERT, NORTHWEST INDIANA CHAPTER, AMERICAN RED CROSS

STATEMENT OF HON. CALVIN GREEN

Mayor GREEN. Thank you, Mr. Chairman, and members of the committee. Due to the time, I will abbreviate my statement.[1] We do have a short slide program we would like to show you. I am Calvin E. Green, mayor of the city of Hobart, secretary of the Northwestern Indiana Regional Planning Commission.

I am speaking today on behalf of the commission, as chairman of the transportation planning committee.

The commission members number 35 and represent the cities, towns and three counties of this region. Lake, Porter, and La Porte Counties contain over 750,000 people, and include the majority of the veterans we are concerned with in today's hearing.

Transportation, whether mass transit or the expressway system, provides the valuable link to Chicago and services. I am here to tell you how far it actually is to Lakeside, Westside, and Hines Veterans Hospitals in terms of miles, time and cost.

It is possible to travel to any one of these three veterans hospitals from northwest Indiana via public transportation or automobile. It is, however, inconvenient, costly and time consuming for an able-bodied person. It is much more difficult and exceedingly extensive for a disabled veteran.

The treatment received at the hospital, and even the hours spent in the waiting rooms can become secondary to having them make the trip. Consider the round trip from Hammond, the closest city in our region, to Chicago. It takes from 3 to 5 hours, public transportation, depending on which hospital one is traveling to.

The South Shore Railroad is a major link to downtown Chicago from which other transit connections are made. To make these transfers, one must know exactly where and when to wait for the correct bus or train.

Here, in northwest Indiana, local public transportation provides some minimal connections. Other ways into Chicago include intercity bus, Amtrak and commuter bus operations.

Finding one's way around Chicago is difficult for the occasional traveler. A trip on public transportation must be planned in advance. Even then, expect some confusion. The Chicago Transit Authority route map one might have, is guaranteed to be out of date, requiring a call to the CTA Travel Information Center to check on the massive, ever-changing network of routes.

By the way, this will require a long-distance call to Chicago at a cost of at least $1.25. The funding crisis facing CTA will likely inconvenience your trip with the beginning of staff reductions at the travel center.

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[1] See p. 100.

You will either get a busy signal or be put on hold. Routes are being cut back or eliminated. There is a longer wait between buses and trains. The fares are the highest in the country, $1 including a transfer.

Many veterans are reluctant to attempt the uncertainty and discomfort of a train or bus ride to Chicago's Loop and the confusion that can overwhelm a seldom user of buses and subways.

Is an automobile trip any less of a problem? Take note of table I attached to this testimony.[1] A round trip to Hines by car is 15 miles longer, takes 2 hours less, and costs $16 more than public transit.

This is a conservative 30 cents per mile to operate an automobile. Parking is convenient at Hines. But if your destination is Westside, you may spend a minimum of 5 minutes circling the grounds searching for a place to park.

There is a parking lot to the west—adjacent to the hospital, but it is full by early morning. Parking meters are on the street at a cost of 25 cents per hour, maximum 2 hours before the meter had to be fed.

Parking is also a problem at Lakeside Hospital. Though you are likely to find a place, it will be in a public garage, and $5 for 3 hours. Add that to the cost of a 62-mile round trip, and you are spending $23.60.

What may be worst of all, is having to drive to or from Chicago during the rush hour. The 1-hour, 39-minute round trip to Westside Hospital in good weather from Hammond could easily become the time it takes for only one way. Much of that trip is on Dan Ryan Expressway, notorious for accidents and delays.

Take what I have said so far and double or triple the cost, delay, and the inconvenience for our handicapped veterans. The lower cost public transportation alternative is virtually inaccessible to him. For him, the trip to any of three hospitals will probably have to be made by automobile or van. It is possible, however, to make the trip on public transportation.

New cars are being purchased for the South Shore Railroad with station renovations followed, making that part of the trip accessible for handicapped. A few people in wheelchairs have ridden the train. But once off the train, there are few convenient or affordable alternatives to the hospital.

A taxi would provide door-to-door service, but at a rather high fare and inaccessible to the severely disabled.

The CTA is a Dial-a-Ride for the handicapped. It is a fleet of 24 new buses, 16 of which are lift-equipped. The service hours are 6:30 a.m. to 9:30 p.m., the same 90-cent fare as a regular service, but 50 cents more than the discounted fare the handicapped pay on the regular service.

That sounds like the perfect way to travel to any one of the hospitals. To be able to use the service, one must register in advance. Only residents of Chicago are eligible. The regional transportation authority has a similar service for the six-county northeast Illinois area, with similar residency requirements.

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[1] See p. 102.

How, then, is a disabled veteran from Indiana to travel to the Chicago area? There are private operators, James Medicare being one; again, the cost of a long-distance call; anyone is eligible, just give them a 24-hour notice. The cost for a person in a wheelchair is $25 plus $1 per mile.

The cost from Randolph Street, South Shore Station, to Lakeside Hospital on back, again, $54. To Hines and back, $72.

What an expensive and exhausting day a trip to one of these hospitals has become, especially for a disabled veteran. Tables attached to this testimony and the maps before you only begin to indicate the cost, distance and time it takes.

We would like to show here what we mean by taking on a trip to the three hospitals, and with me today is Steve Strains, to my left from the regional planning commission, who would like to present a short slide program.

Mr. EDGAR. Steve, if you could move the mike a little closer to you, and also, again, we are pressed by the number of witnesses that we have, and we appreciate your bringing the slides, but we ask that you move as quickly through them as possible.

STATEMENT OF STEVE STRAINS

Mr. STRAINS. Thank you, sir.

A trip to one of the three veterans medical centers begins, in this case, 3 miles from a South Shore Railroad station. Luckily, uninterrupted by any freight trains at a downtown Hammond crossing. Some parking is available on the street a few blocks away.

Here is a parking lot adjacent to the train station in Hammond, 65 cents. There are many stations along the line, including Gary, shown here, and Beverly Shores in Porter County.

On this day, the 7:40 train from Hammond arrived at 7:58. From Hammond, it is a 38-minute trip to the Randolph Street Station, in downtown Chicago, where one who is traveling to Lakeside Veterans Medical Center would go through the revolving doors and up the escalator to the street level.

Here on Michigan Avenue, one would wait for a northbound bus or catch a cab. Now, the taxi is $4.50, the bus is 60 cents.

This is a downtown shuttle bus at a lower than regular fare. Naturally, crowded conditions are the rule during the rush hour. Did you leave too early to have breakfast? You might be able to catch some on a street corner during the short walk from the bus to the hospital.

Finally, arriving at Lakeside just under 1½ hours. You can see table II attached to the written statement for exactly how long it takes, the cost and the distance.

Perhaps you would rather travel by auto, where traffic and parking would have to be encountered. Metered parking is available near Lakeside, as are two parking garages close by. This one charges $5 for something over 2 hours. Whether by transit, at a cost of $4.65, or automobile, you have arrived.

You sign in, and you wait for treatment. Let's say your treatment is going to take you to Westside Veterans Hospital on Damen Avenue. Public transportation connections can be made, though not as easily as to Lakeside.

One would transfer to the No. 37 bus somewhere along Wells Street, which is six blocks west of Michigan Avenue. To get to that transfer point, take bus No. 151. But be careful. There are two of them. Do not take the one pictured here, but take this one, bus No. 151/Union Station.

The first one can take you many blocks out of your way, as it did to me when I made this trip last week, requiring a four-block walk to Wells Street, and I made it, just in time to miss my connecting bus.

After a 10-minute wait, the next one arrived, taking me to Westside Medical Center, after a 1-hour-and-51-minute travel. Although less than 40 miles from Gary or Hobart as the crow flies, as shown on the smaller map up front, highway travel is more than 40 miles, see table VI of the testimony.

One could drive to Westside, instead, but would likely find the parking lots full as this one was. The main entrance does pose some problems for the disabled. Well, now you have made it. You sign in, and wait for treatment.

The return trip could begin with a wait at a bus shelter for bus No. 37 and a transfer point back downtown along Madison Street, this time to bus No. 16 or 20 eastbound and on back to the train station for the trip home.

Now, the able-bodied veteran could make that trip. However, there are those who are unable to board the train to maneuver through the revolving doors on one end of the station, to negotiate the 19 steps to street level from the Randolph Street Station, or make connections to the rapid transit lines.

Assuming one could take the South Shore or Amtrak to the Loop, how then would a disabled person travel from the station to the hospital? The CTA does not have regular accessible buses like this one in Milwaukee. Chicago has the smaller Dial-a-Ride buses, but as Mayor Green indicated, only Chicago residents are eligible.

A taxi might be the answer for one who is not severely disabled. There is always the expensive private carrier he mentioned.

Maybe a local Indiana operator could be asked to make the trip. Although it would tie up their vehicle all day. But for those who are able to use public transportation, let's take the ultimate trip, a ride out to Hines Veterans Hospital just west of Chicago. Upon arrival at street level, at Randolph Street, after arriving on the South Shore, you are still an hour and a quarter away from your destination.

If you are not real familiar with Chicago and you are supposed to catch the subway train on Dearborn Street, well, you are not sure which way to turn. Up out of the South Shore Station, you look right, and you look left, and you decide that Dearborn Street is probably to the left.

It is a 10-minute walk to the subway station, which is across the street from the Picasso. In case you are confused, it is not the Calder, but the Picasso. You have got to watch your landmarks.

It is 40 steps down to the ticket area, and an escalator ride down to the train platform.

Another point of confusion for the occasional transit rider. Be sure to take the Congress Line A train, not the Douglas Line B train, both of which board from the same platform.

Mayor GREEN. Congress always confuses people.

Mr. STRAINS. You are on the correct train, you hope. It is the one that travels down the expressway median. The Des Plaines Transit Center is at the end of the line from which the bus connection can easily be made to the RTA bus No. 308.

Finally, arriving at the Hines Outpatient Center. Parking is plentiful at Hines, including that for the disabled close to the building. The entrance, the sign-in, and the wait.

Now, the return trip will cost $1, including the transfer; the RTA has fareboxes that will accept dollar bills in a separate slot from coins. The dollar bill must be fairly new and crisp before it will be accepted by the machine. Continued rejection of dollar bills can cause quite a delay.

The transfer is made to the CTA train where any number of downtown stops could be used to get off. Again, some confusion for the seldom traveler to Chicago. Where do I get off, and where am I when I get to the street level?

Somebody could easily get lost. At this point, I had a half-hour wait for the next South Shore train. Back to the station entrance, down the stairs and the rest of the barriers a disabled person would have problems with.

On to the train. Notice the rather narrow aisles on this car. The trip home is not without further delay. At downtown Hammond's notorious Hohman Avenue rail crossing. And finally, home again.

Round trip to Hines, 4 hours, 48 minutes, by public transit at a cost of $9.45, or 2½ hours by automobile, at a cost $25.80. That includes three 30-cent tolls each way. See table IV.[1]

Yes, we are all in the same metropolitan region, and it is possible to get there from here, but not without high cost and a lot of hassle.

Thank you.

Mayor GREEN. I think this gives a very good example of the frustrations that veterans, especially disabled veterans could encounter, and would certainly discourage many of them from seeking the medical care they need.

That is my presentation. I just would also like to add at this time that the city of Hobart, which is the home of Adam Benjamin, Jr., also is fully behind this program, and our council passed an ordinance, or a proclamation, a year ago on that in our American Legion, VFW, our editorial—thank you very much.

[The prepared statement of Mayor Green appears on p. 100.]

Mr. EDGAR. Thank you very much for your clear statement.

I only wish that I had asked you to make your statement—present your statement before the VA appeared, when I had them drawing mental maps, because the visual maps and the slides that you have shown have really put a picture, a very clear understanding of the obstacles that are in the way of someone making that trip.

I had a very good opportunity a few years ago of taking a ride in a wheelchair around the community, which is the major center of my particular congressional district, and I rode that community in a wheelchair. I thought to myself, if a person were in a wheelchair

[1] See p. 103.

and tried to make the trip that you described by slide presentation, there were many obstacles there that would have made it impossible for that trip to take place.

Before we go on to specific questions, let's hear from all of our witnesses on the panel.

Let's move to the next gentleman. If you will introduce yourself for all of us, share your statement. Again, your entire statement will be made a part of the record. We ask that you summarize.

Welcome.

STATEMENT OF KIP KAPLAN

Mr. KAPLAN. Thank you, Mr. Chairman, it is a pleasure to be here.

My name is Kip Kaplan, I am executive director of the Northern Indiana Health Systems Agency, and with me, to my right, is Mike Staresnick, who is the assistant director in charge of the northwest office, and he will be available to answer questions.

We will keep this very brief. We are the official, federally designated health planning agency for the northern third of the State of Indiana. Our headquarters is in South Bend, where I am located, and we have branch offices in Merriville, which Mr. Staresnick is in charge of, and also at Fort Wayne, where there is currently a VA hospital.

I can only relate to you on a personal note, Congressman Edgar, that going to Chicago is not only a time and cost factor, but it can be very traumatic. I can remember moving my family many years ago from Indiana University in Bloomington to Philadelphia to the Wharton Graduate School. That was a rather terrifying experience for a young person going to graduate school in a big city.

I can assure you that when I first moved my family to Lake County, and I took trips into Chicago, it was equally frightening to Hoosiers to go into the big city.

I think that is as much of a problem as the actual drive time or the cost factor. I am only going to mention a couple of planning issues to you, because they have been well-covered before.

We are concerned as a health planning agency regarding accessibility, and that has been all covered, and also from our study on the health services to the elderly, this is going to be the major health problem in the future, and of course, the particular population group we are talking about today, the veterans, World War II and the Korean war, are aging very rapidly, and we expect to have increased usage of facilities.

I won't bore you with the data on the elderly. I am sure you are familiar with that.

I would like to say, in conclusion, however, that our health systems agency supports the development of outpatient programs, as opposed to inpatient hospitalization, as a cost-effective alternative to inpatient hospital care.

Some of the alternatives that we think your group ought to take a look at to meet the needs of northwest Indiana veterans include improving transportation services to the existing VA facilities, the regional planning commission is probably better equipped than we

are to work with you on that issue, and two others that we would like to be involved in.

One is designing an outpatient program as you proposed earlier, and contracting with existing clinics, hospitals and mental health centers in northwest Indiana to provide services.

Mr. Staresnick has contacted a number of those facilities. They are available, they are interested. We work with them on a regular basis, and we are prepared to start this afternoon on a detailed study with you with the VA and the local facilities to develop an interim program. It might be a permanent program from our perspective, but again, that is one option we are prepared—we have staff that are capable of doing that, and if we ever get a fiscal year 1982 budget, and a grant next spring, we will be prepared to work with you in the future.

I am sorry I had to mention that.

Finally, we are prepared——

Mr. EDGAR. Keep those cards and letters coming.

Mr. KAPLAN [continuing]. To work with the committee in developing the free-standing outpatient facility if that proves to be the best solution from a cost and benefit standpoint, and financially feasible under current conditions.

We would be happy to work with the committee on that.

We stand ready to assist you; we are at least partially federally-funded; even though veterans' facilities do not come under our purview, we are available to work with the VA veterans and the local facilities to make this a reality.

Thank you.

[The prepared statement of Mr. Kaplan appears on p. 109.]

Mr. EDGAR. Thank you very much for your statement. We will hold questions until we hear from our other panelists.

The American Red Cross representative, would you identify yourself, and speak?

STATEMENT OF BARBARA LAMBERT, NORTHWEST INDIANA CHAPTER, AMERICAN RED CROSS

Ms. LAMBERT. Yes. I am Barbara Lambert, I am the director of service to military families of veterans for the Northwest Indiana chapter.

I don't have a loud voice. As you can see from the beginning of my statement, gentlemen, I only reinforce what has been said previously.

But I will start with the third paragraph that says: The Northwest chapter of the American Red Cross, under Federal statutes acts as an agency of relief and communication for members of the armed services. This chapter, then, is morally committed as an advocate to the veteran, their families and survivors, in providing assistance and applying for Federal and State benefits, facilitating appointments at a VA hospital, and assisting with meeting financial needs to keep those appointments.

Specifically, this chapter responds financially to veterans who are without alternative financial means to keep an appointment at a VA hospital. This is accomplished by providing funds to purchase

South Shore tickets, gasoline for auto trips, toll and parking fees, and funds for a meal.

As has been previously stated, the veterans who must seek immediate medical care and are without alternative financial means, must look to the Red Cross for financial assistance.

Over the years, the Federal Government has recognized and increased their responsibility for the welfare of the veteran, disabled or otherwise, and has provided an array of benefits for which the veteran may apply or utilize.

It is the hope of this chapter that the Government will continue to be responsive to the plight of the veteran in northwest Indiana. Those who are disabled due to service-connected disabilities; those disabled due to non-service-connected disabilities; or the veterans who find themselves in situations of no available alternative, medical care, all veterans, whatever their circumstances, deserve not facing the difficulties encountered by public transportation, long waits at existing VA facilities, or the loss of a whole day's wages to receive medical care.

Thank you.

[The prepared statement of Ms. Lambert appears on p. 110.]

Mr. EDGAR. Thank you, Barbara. We appreciate your coming and sharing your testimony, and your full statement will be made a part of the record.

I yield to my colleague, Bud Hillis.

Mr. HILLIS. I have no questions, Mr. Chairman. Thank you, and I want to thank you all for coming. Thank you.

Mr. EDGAR. Congressman Benjamin?

Mr. BENJAMIN. I join with Bud to thank the witnesses for coming and for making the presentations that they have, particularly that in relation to our health planning system, and more specifically, to the transportation problem, which as you point out, Mr. Chairman, has been graphically drawn for us now.

Thank you very much, ladies and gentlemen.

Mr. EDGAR. Before you leave, just one quick comment for each of you. Mayor, I want to thank you for your statement. I wonder if the maps could be made available for the file. They are a little difficult sometimes to put in the entire record, but could we have access to those maps for a little while?

Mr. STRAINS. Yes. What size would you like? Would you like them on slides or 8½ by 11, legal size?

Mr. EDGAR. I think 8½ by 11 would be helpful for our record.

Mr. STRAINS. All right. Would you like any copies of the pictures?

Mr. EDGAR. I think the pictures are best seen in the slide presentation that you made. I think we have got the details of that, but if we could have copies of the maps, that would be very helpful in making the case in Washington.[1]

And it was a very clear and concise picture of the obstacles that are in people's way in terms of getting access to the veterans facility.

To the gentleman from the health service agency, I think the options that you laid out are very helpful and we do want to work

[1] See p. 105.

with you. Even though you don't have the jurisdiction of the VA, we do think that veterans' health care facilities and the regular health facilities in the region need to be coordinated in an efficient way. I think at least for that, whatever we call it, "interim solution," there is a need to work closely with existing medical facilities so that we can maximize the quality of care in this region.

And we will look to working with you, and appreciate the statement from the American Red Cross. They have been very helpful to military personnel and to veterans for many years, and we appreciate their contribution.

Gentlemen, and ladies, we have asked a number of questions, and I think all of you have made your statements very clear, so the fact that we don't ask you lots of questions and grill you over the coals does not mean that we don't appreciate your testifying today.

Thank you very much.

We will now call on panel No. 4, John Szczepanski, Disabled Veterans Outreach program, Indiana Employment Security Division; Ignatio Ramos, Vietnam-era veteran; Bob Traves, World War II veteran; Jesse Rogers, World War II veteran.

Will those persons please come forward?

Gentlemen, we are pleased that you are here today. Your full statements will be made a part of the record. We ask that you summarize and not read your statement. We have heard, I think, the needs and concerns of the area. We would like to hear your unique kernel of truth and point of view for our record. We will make sure that your entire statement is made a part of that record.

Who would like to begin?

Please give us your name.

STATEMENTS OF JESSE ROGERS, WORLD WAR II VETERAN; C. ROBERT TRAVES, WORLD WAR II VETERAN; AND JOHN SZCZEPANSKI, DISABLED VETERANS OUTREACH PROGRAM, INDIANA EMPLOYMENT SECURITY DIVISION

STATEMENT OF JESSE ROGERS

Mr. ROGERS. I am Jesse Rogers, World War II veteran, commander of VFW Post 2151, located in the city of Gary, Ind. I have been an active member of the VFW post for the past 33 years. You have my testimony, so I won't go over all of that, just one particular part that I would like to remind you of here.

That is, I have no experience with public transportation. Only from someone who has tried it. The mental anguish in fighting the traffic in unbelievable. The most frustrating case in memory is Comrade Willis, who had to go to Chicago three times a week to be put on the kidney machine. There was no room in his home to put a machine. The last trip through traffic and the long ride, he died in the parking lot at the hospital.

I do feel that if an outpatient clinic had been in this area, perhaps the man could have lived a while longer. Our Congressmen, we know everyone wants something. We have expressed a great and dire need for an outpatient clinic in northwest Indiana.

With expressions of our predicament to this committee, respectfully submitted by Jesse Rogers.

Thank you.

[The prepared statement of Mr. Rogers appears on p. 110.]

Mr. EDGAR. Thank you very much, Jesse, and we appreciate your statement. The illustration that you use on the kidney machine, I think, is a helpful one to put in perspective, the real life-and-death situations of those who need adequate quality care, and the distances traveled are clearly difficult for someone in that condition.

I yield to the next person.

STATEMENT OF BOB TRAVES

Mr. TRAVES. I am C. Robert Traves. I represent American Legion Post 20, 660 members, as their service officer. I am past commander of the VFW and American Legion of Crown Point, and over my period of 36 years in my veterans' work, I decided to take on this assistant to the Lake County service officer, so that I could get more involved.

You have my disposition of everything that has been said today. The only thing I have in there that I wanted to make sure of, that at any time any of you gentlemen would like to take a trip into Chicago and take the route and see what we do, I will be free to take any one of you.

This would be in an automobile rather than a bus, so that you can see what it is to come alongside of a semi when you are so damned sick that you can't move and you wonder how you are going to get out of the way.

First of all, the biggest joke I have heard today is this 40 miles limitation business that they are trying to give us from Washington. It hurts a little bit to think that that is the way that we are to be treated, or the way we are supposed to be as the crow flies. The whirlybird was right, the Goodyear blimp would be good; but when you are sick, you are darned sick and you want to get there without anything else on you.

A clinic on wheels is fine. It takes one wreck to knock out a whole system, so I can't see the clinic on wheels. The staffing, we have enough staff here in Lake County alone, not counting all that we have in Porter, La Porte, Jasper, Newton, the other counties that we would like to take in.

There will be availability of equipment, such as your dialysis, your blood, urine, EKG, X-ray, all that, in this one location that I have been thinking of for a long time. Lake County had one of the finest—well, let's see, it would be a TB sanitarium, not only the county, but we had other people.

We have a nurses' home there that is empty, three floors of it. We have a large home there that could be used for a resident doctor. We have a small home on the other side of the nurses' home, that could be used for a backup residence.

We are approximately, from that location, about 50, 55 miles from any of the three VA Chicago hospitals. We have two major hospitals: St. Anthony's in Crown Point, and Broadway South Methodist Hospital, that are within 2 miles, either one of them are approximately within 2 miles of this facility.

And the mental health that was just spoken of is just about 1½ miles down the road, in case we had that. For emergencies, I don't believe anything has been said, but I would like to see establishing

a method of transportation such as an ambulance, two ambulances, a van on wheels for transportation with wheelchair lift.

My problem has been over a period of the last number of years being involved to where I supply transportation, hospital equipment, et cetera.

As I say, when you are sick, you are sick. When you can't sit and take the jar and you are going around taking other patients on pickup maybe two or three cities you go through and trying to hold yourself together until you get up to the hospital. You are sitting in a wheelchair; you have got trouble with your stomach, anyhow; your back is hurting, and your jarring up and down.

By the time you get down there to the hospital, if the mental anguish isn't there, you are ready to go into a state of collapse, and in this one instance, the man died in the parking lot. That is the part we are up against.

Everybody has dealt with this transportation problem, I am not going to oppose that a nickle's worth. The pharamcy; that is a major problem. Unless you sat after being examined and poked with needles, giving blood, urine, X-rays, and the whole business up there, and then you are sitting there from anywhere from an hour, minimum, to 2 hours, sometimes after everybody else is gone, they are still waiting to process it.

A lot of these people don't know that they can have it mailed out; you get it within 7 to 10 days. But if you need it, you need it now. So you sit and you wait.

By the time some of our people leave here, 5:30, 6 in the morning to get any place, it is dark; by the time they came home—come home in the dark, and they have gone through all this anxiety, they are sicker when they got home than when they went up.

Now, an outpatient clinic is so necessary that I just can't—you heard all the expressions. I can't express any more than what it would mean. But I don't care where it is at; Wanatah is a location; I am trying to locate where we have medical facilities on immediate emergency. And when you are 2 miles—within 2 miles of a major hospital, and I can take you downtown 16 miles from this facility here to two more major hospitals; I can take you over to a major hospital in Hobart, about 8 to 10 miles east, if necessary.

Heart attack victims that we have on location that we can take in for right now emergencies. I can't think of a finer facility, and I have traveled all over this part of the country, and I couldn't see a finer location than the Crown Point area with this one unit, which is just across the road from the Lake County government center, and it goes through our three-county commissioners, which, by the way, have established our VA representation here in Lake County and is one of the finest three-man committees as far as helping all of our people out, and I think that they would go along with something like this.

I was just wanting to talk on this one part that I don't believe was mentioned in my record, now, but I think everybody is tired of the transportation methods, and I wanted to deal in something different.

Mr. EDGAR. I appreciate it. Your statement is very clear, and you covered some areas that were not covered before, and we want to thank you for that.

Mr. TRAVES. Thank you.

[The prepared statement of Mr. Traves appears on p. 111.]

Mr. EDGAR. And sometimes we do have duplication of the issue, because the issue—the major issue is the distance between here and the nearest medical facility. But you have been very helpful.

We will yield to the final witness on this panel.

STATEMENT OF JOHN SZCZEPANSKI

Mr. SZCZEPANSKI. Mr. Chairman, and members of the subcommittee, I am going to briefly go over some of the essential statements from the body of my statement.

I am a disabled veteran specialist with the Disabled Veterans Outreach program, and also, I am a disabled combat veteran of Vietnam.

Mr. EDGAR. And your name?

Mr. SZCZEPANSKI. John Szczepanski.

In the body of my statement, I have quoted unemployment figures for all Vietnam veterans and Vietnam-era veterans and have further broken down the figures for the age groups between 25 to 34. The above-cited unemployment rates were higher for veterans of the Vietnam era between the ages of 25 and 34 who reside within this three-county area than both the national and State rates for the month of August 1981.

What we have with veterans of the Vietnam era are unemployed, underemployed and for those Vietnam veterans who have already established themselves in the labor market, facing the potential loss of their insurance benefits because of extended layoffs.

The Vietnam-era vets find themselves in part of the United States of America that is in a position of transition. Transition from a period of time where jobs were once plentiful to a period of time when jobs are becoming scarce. The Vietnam-era vets who are thrown back upon their limited financial resources are unable to deal with some of the problems—transportation problems, time problems—that have already been stated by people prior to myself.

I also want to offer as an example that of agent orange, which I think would lend itself particularly to an outpatient clinic because the tests for agent orange at this time are not unusual in nature. I have gone through the test myself, as have some of my friends. We spent a lot of time at Hines that was wasted. The service, the people there were cordial, but they were uneasy because of the nature of agent orange. And I am sure that the continued research into this problem will warrant many followups to the initial testing evaluation.

The establishment of an outpatient clinic within northwest Indiana would lessen the cost of travel pay reimbursement to the VA, lessen the portion of the lost wages of employed veterans and also reduce the flow of Vietnam veterans into the Hines Hospital.

In conclusion, I want to point out that most Vietnam veterans have already discovered that the VA has a less-than-sensitive ear for their problems, and therefore, are less likely to travel to Chicago or Indianapolis for medical care.

This was part of the reasoning for the establishment of vet centers throughout the United States. The closest vet center is located

on Roosevelt Road in Chicago, as the representatives from the VA have already pointed out.

It is also common knowledge that a Vietnam veteran could not only be suffering the effects of posttraumatic stress syndrome, but also have been exposed to agent orange.

As I stated above, testing for agent orange is administered at Hines Hospital. So, potentially, we have a percentage of Vietnam veterans from northwest Indiana who not only have to travel on limited financial resources, because of underemployment, unemployment, or possibly an extended layoff—because of loss of medical care due to extended layoffs—but also Vietnam veterans who now have to travel if they want treatment for posttraumatic stress syndrome, going to Roosevelt Road in Chicago, and then having to follow up by going further to Hines Hospital for testing for agent orange.

Now, the idea that you brought up about a mobile care unit, if that was initiated on a temporary basis—because I agree with Congressman Benjamin about having a permanent outpatient clinic here—you could possibly staff that mobile unit with a counselor from one of the vet centers, which would at least begin to show that the Veterans' Administration has sort of a "let's bury the hatchet" attitude.

The establishment of the outpatient clinic within northwest Indiana would be interpreted as a good-faith gesture by the Veterans' Administration to bury the hatchet between itself and the Vietnam veterans, because the issue of the disagreements between the Vietnam veterans and the Veterans' Administration have to be ended.

And this clinic, I think, would prove to be a good-faith gesture in that direction. And I thank you for your suggestion; I thank all of you for your time, and I especially thank Congressman Benjamin and his staff member, John Zimmerman, for plugging away for the outpatient clinic.

[The prepared statement of Mr. Szczepanski appears on p. 112.]

Mr. EDGAR. Thank you for your presentation of the special and unique needs of Vietnam-era veterans. When we discovered this year that the 91 readjustment counseling centers were on the block for extinction, we worked very hard in a bipartisan way in the House and Senate, passed overwhelmingly the bill that the President eventually signed to reauthorize these readjustment counseling centers.

As you indicate, that is a good thing, but they are still not significantly distanced so that Vietnam veterans in areas like this can have access to them. If there was, either the mobile clinic, or even the clinic facility provided on a permanent basis, we would want to make sure that it was sensitive to the unique needs of the 500,000 or 600,000 Vietnam-era veterans who need access to those readjustment centers, not only for employment needs, but for health-care-related needs, related to systemic diseases, delayed stress syndrome, systemic diseases from exposures to herbicides like agent orange.

And your statement was very clear. We appreciate your lifting that focus for all of us.

Mr. SZCZEPANSKI. I would like to thank you for bringing up the point of the sensitivity toward Vietnam veterans because I always

remember one thing: when I went through agent orange testing, the doctor asked me, if, when I went to Vietnam, if I took my family with me. And I told the doctor, I wasn't looking for housing, I was going out there to fight a war.

Mr. EDGAR. I yield to my colleague, Bud Hillis.

Mr. HILLIS. I have questions. I certainly appreciate the testimony, particularly the Vietnam aspect. I remember some testimony before the House Veterans' Affairs Committee recently, which we finally began to—the studies are beginning to show a correlation between exposure to the herbicides known as agent orange and certain diseases, and that the fatality rate between those persons who can be shown served in Vietnam and were exposed to agent orange is much higher for certain diseases than the normal population.

And this seems to be the first time that we have been able to get the attention that a serious study needed to be done to find out how to detect who had been exposed and what the damage was, and to begin to do something about this agent orange problem.

Thank you.

Mr. EDGAR. Thank you.

Congressman Benjamin?

Mr. BENJAMIN. Thank you very much for your clear, concise and comprehensive statements. I found your statements to be unequivocally from the heart, which means that you are totally committed to what you have said to us today, and we certainly will consider it in that manner.

Thank you very much.

Mr. EDGAR. Congressman Fithian.

Mr. FITHIAN. Well, I just want to echo what Congressman Benjamin said, I really do appreciate your testimony.

Mr. EDGAR. Thank you, gentlemen.

Our final panel of five—panel 5, Bert Painchaud; Geraldine Coleman; James Owens, Julius Bozetarnik; and Michael Nobles.

If you will come forward and quickly take your seats; ladies and gentlemen, as you know, we are coming to the end. There will be one additional thing done in the hearing for those who are in the audience who may have a comment or two to make. We do have some time pressures on us. We appreciate your coming and sitting through the testimony at this point.

As you heard, statements on transportation have been made, and distance has been made. The illustrations in terms of veterans who have been traumatized by the lack of facility have been made. If you have statements that are similar to statements that have already been made, your full statement will be made a part of the record.

I am going to ask each of you to try to summarize within 2 to 3 minutes your statement, giving us your name, and your point of view, and then we will move to some questions. And again, I appreciate your patience in this matter.

Let's begin with the gentleman who has the microphone in front of him. We will start there, and move through the panel. Please give us your name.

STATEMENTS OF JAMES R. OWENS; GERALDINE COLEMAN; MICHAEL NOBLES; JULIUS BOZETARNIK; AND BERT PAINCHAUD

STATEMENT OF JAMES R. OWENS

Mr. OWENS. My name is James R. Owens, I reside at 9546 Manor Drive, Highland, Ind. This is not soiely for me—I was asked by Mr. Zimmerman to give an individual case of costs and so forth. So this is not an "I" statement, although I may use the word "I" a few times. Do you understand?

And, as a veteran of World War II, I was wounded in the Pacific, July 21, 1944, and discharged from the U.S. Naval Hospital in San Diego, June 4 of 1946. After discharge, I returned to my home in southern Indiana and I was treated by a doctor under authorization of the VA in Evansville.

I was in the Marion VA Hospital twice. Then I moved to Clinton County, Ind. I lived there for 10 years. While there, I had to travel to Indianapolis for outpatient treatment. I was a patient in the VA hospital in Indianapolis once for about 15 days.

Since moving to Highland, I have been receiving outpatient treatment at the Lakeside and Westside VA Hospitals on the average of about five to seven times per year. And each time I visit these facilities I have to miss a day of work, and this time off work eventually costs me because we are upon a formula basis for severance pay. So every time I miss, it deducts from my severance pay.

Missing work is just one of the inconveniences that occurs on the visit. I would probably visit the outpatient clinic more often in Chicago if I were nearer. I use my own car for transportation, and my wife usually accompanies me as I have at times been unable to drive home myself after the treatments, although she has never complained, she also loses a day, but we have to do this.

The transportation facilities from Highland to the clinic is highly unreliable; it takes at least twice as long, possibly longer, to travel from Highland to Chicago. I usually go over the Skyway, which costs $1 each way, when I travel the Dan Ryan, I travel the Borman to the Calumet Expressway to the Dan Ryan, it takes twice as long, and I use more gas. I have to sit in traffic.

The approximate cost to make a round trip, including gasoline and Skyway toll and parking, is $10.50. My travel reimbursement is $5.50, providing I finish my treatment and consultation before the disbursing office is closed. If I don't, then I get nothing. If I don't finish before the disbursing office is closed.

Mr. EDGAR. What time does that close?

Mr. OWENS. 4:30.

Mr. EDGAR. OK.

Mr. OWENS. And the waiting time to be seen by a doctor ranges from 1 to 3 hours, and at times as many as 5 when special diagnostic work plus consultation is needed.

Mr. EDGAR. If the gentleman could summarize in about 1 more minute, it would be helpful.

Mr. OWENS. OK. The average time I spend with the physician varies from 21 to 40 minutes, treatment, 21 to 40 minutes, and there have been times, as I said, when my physical condition would not permit me to go, and I have been treated by Dr. Steen at the Whiting Clinic, and an office call there costs $22.

I have spent $134 this year being treated.

I have conversed with outpatients at the VA clinics in Chicago who have traveled from as far away as Elkhart, Ind.; South Bend, Ind. When a person is ill and has to travel that distance, get up as early as 2:30 or 3 a.m., and travel 75 to 100 miles to be attended by a physician, and must wait more hours for treatment and diagnostic procedure, it would seem to me to be sufficient reason to warrant a VA outpatient clinic in northwest Indiana.

I would like to show my appreciation to Mr. Benjamin, and Mr. Zimmerman. I write frequently to my Congressmen and Senators, and I have gotten more response from Mr. Benjamin than anybody, and it is always concrete, and I want to thank the panel very much, and especially Mr. Benjamin and Mr. Zimmerman.

[The prepared statement of Mr. Owens appears on p. 115.]

Mr. EDGAR. Very good. I appreciate your statement. I wish my wife was as patient as your wife is in driving you back, and we will make sure that Adam Benjamin's report card is so noted. Thank you very much.

Geraldine?

STATEMENT OF GERALDINE COLEMAN

Ms. COLEMAN. Good afternoon gentlemen, I am Geraldine Coleman, president of the Tolleston Community Council, which was organized in 1964 for the purpose of serving the community; the veterans are a part of that community. We have served the veterans by transporting them to and from the Veterans' Administration hospitals in and around Chicago. Our services became more personal when my husband, who is an honorably discharged veteran, became ill and was invalided for 2 years—1978 and 1979. The feasibility of transporting him back and forth to the VA hospitals, even though the treatment there was free, did not outweigh the inconvenience and discomfort caused by the distances traveled. Thus, it became necessary to hospitalize him locally at personal expense and thus forfeit the benefits he so rightly was due, causing quite a drain on our personal finances.

We feel that northwest Indiana is long overdue for a veterans outpatient hospital. We feel that the veterans served us well and now it is time for us to serve them. To make outpatient services available and convenient. Many who need such services are without immediately available family and must look to friends and community organizations to transport them for medical services. The high cost of gasoline renders an adequate reason for people to hesitate offering rides out of the State and at great distances. Therefore, we have suffering in this area due to the lack of a more available facility. Most veterans of WW II are in their 60's or older; and so are their friends and wives

In area 1, we have approximately 115,003 veterans: Lake County alone having 79,420; Porter County 13,250; La Porte County 16,142; Starke County 2,280; Jasper County 2,490; and Newton County 1,415.

We are not saying where the proposed outpatient facility should be; but, we are saying that it is very much needed. Our Congressman, Adam Benjamin, who is very dedicated and who works very

hard for our area, knows that I am going to say something about Gary. I would certainly like to see it in one of our local schools, which have now been closed. We have features in them which can't be built now. For instance, Frobel School has a swimming pool and many other features, and the school has been closed since 1974 and its just sitting here.

I will not elaborate further on that, but I mentioned it for you to consider. I think some veterans will say, "Hey, just anywhere in northwest Indiana to get this burden—of traveling to Illinois—off us . . . to get this hardship off of us, so just maybe we can live a little longer."

God bless you, and thanks to you for permitting me to speak on this issue. I especially want to thank Mr. Zimmerman, who is on the job of properly informing us when our hard working Congressmen send us a message. He always makes certain that we in northwest Indiana, and especially we in Gary, get the information. We appreciate and are happy about that.

Mr. EDGAR. Thank you. It is helpful to hear your comments, and particularly your comments about using existing space that somehow is underutilized, and particularly schools that are being closed. That comment was very helpful.

Would you like to give us your name and abbreviate your statement for us?

STATEMENT OF MICHAEL NOBLES

Mr. NOBLES. My name is Michael Nobles, and I live at 1001 West 10th Street, in Hobart. I served in Vietnam from 1965 through 1966 as a medic with the 25th Divisicn.

I have been a patient at the Hines VA Hospital for about the past 18 months. I originally went to Hines with a neurological problem, stemming from an automobile accident, and I have been admitted three different times in the above mentioned period of time.

When I went to Hines originally, it was because I had exhausted all my financial means to obtain medical help. I don't think that I will ever forget my first visit to Hines. I had to be driven to the hospital in severe pain, and spend the major part of 6 hours, after a 2-hour drive, to be seen by a general physician.

After the exam, I was referred to the neurosurgery department. That appointment took place several days later, which meant another ride back and home in severe pain, which worsened with each bump in the road, between Hobart and Hines.

Upon return, I was admitted and stayed a number of weeks. During this time, it was very hard for my wife to make it up and visit, because the expense of the trip back and forth, being a medic in the Army, I know enough to say that the better mental state a patient is in, the faster he will be on the road to recovery.

Being in a large place with no contact with your family for long periods of time does very little to help anyone's spirit. Being a patient in Hines, I had contact with a lot of other patients. There are some of them that have to drive as far as Fort Wayne, Ind., to obtain medical help.

There are a lot of vets there for drug abuse and alcohol abuse. I think that it is great that some of the vets are finally getting help. Some of them started drinking and shooting dope as soon as they got into Vietnam, and have never stopped. I think it is a shame that a drug addict or an alcoholic has to drive 50 miles for help.

If they are killed on the road, don't make it to the hospital because of hallucinations, delirium tremens, the costs saved by not having to treat them can help defer the cost of putting a center closer to home.

Many severe accidents and casualties—how many severe accidents and casualties does it take to build a center closer? At the present time, I am going to the mental hygiene clinic at Hines once a week for therapy to treat posttraumatic stress, accompanied with flashbacks and depression.

There are a lot of veterans in the area with similar problems to mine, and the number is greatly increasing on a weekly basis. The United States owes the Vietnam veterans the medical treatment that they are becoming more and more in need of.

Sometimes, there isn't time to make that 2-hour trip for psychiatric help. Let's face it. People that have to go to vet hospitals usually don't complain too much about treatment that they get there.

Their complaint is the length of time that it takes to get there, and the length of time that they have to wait to get the treatment. Once they do get there, the medical center in this area would help the vet get the medical care they need much faster and—so the conditions for the major veterans hospital wouldn't be quite so crowded.

Just how much pain and suffering and how many suicides and traffic accidents and traffic deaths will it cost to put a center closer to this particular area?

[The prepared statement of Mr. Nobles appears on p. 116.]

Mr. EDGAR. Thank you for your very personal statement. I think it was important for you to put into the record the statement, particularly about drug and alcohol abuse, and some of the needs that the Vietnam-era veterans have, and the traveltime and the accidents that could, in fact, result. I appreciate that——

Mr. NOBLES. I don't know if any of you gentlemen have ever been in the waiting room of Hines Hospital. But when you originally walk in, to be admitted or treated, what you generally see when you walk in the door is anywhere from 50 to 100 drunks and derelicts sitting in the waiting room, waiting to be treated.

This is a problem, and it is hard to say what this could stem from. But how do these people get there? And how far do they have to travel before they can be treated?

Mr. EDGAR. Thank you.

Please introduce yourself and make your statement.

STATEMENT OF JULIUS BOZETARNIK

Mr. BOZETARNIK. My name is Julis Bozetarnik and I reside at 1643 North Indiana Avenue in Griffith. I have been a disabled vet for the past 27 years, and have been treated at the VA hospital in Westside for 24 of these years.

I would, at this time, like to bring to the attention of this committee some problems that we have had—that the veterans had in traveling to Chicago's Westside Hospital.

I am a diabetic who has to travel at least once a month. I have a blood sugar pro time, and a urinalyis. This means I have to rise at 5 a.m., and leave for the hospital before 6 to assure myself a decent parking place near the hospital.

If I arrive after 7, it means that I have to use one of the parking meter spots that the city of Chicago has conveniently set up along the hospital.

This means that every hour, winter or summer, we have to run out and put another quarter in the meter, which the hospital does not reimburse us for. And this can add up to quite an amount if you happen to have an afternoon clinic, also.

Which brings me to another point. If we have a morning and afternoon appointment, we were given a noon meal ticket, but as of the 1st of October, this practice has been discontinued.

I generally try to make my diabetic clinic and my PV clinic, hand clinic, or dermatology clinic, the same day, saving me an extra trip to the hospital. All but my diabetic clinics are held in the afternoon.

When I schedule my other clinics the same day, I save the Government $6.82 in travel expenses, and can't get back $2.50 for lunch.

Also, if my afternoon clinic ties me up after 4:30, then the travel office is closed. And I can't collect my travel allowance. All of the above can be alleviated if a VA facility were to be built in northwest Indiana. It would save a lot of money for Government in travel expenses, and also save us veterans aggravations and wasted time by being closer to a facility near home.

I thank you.

[The prepared statement of Mr. Bozetarnik appears on p. 116.]

Mr. EDGAR. Thank you. I want to thank all four of you for your statements, and your comments, particularly from a personal point of view. I would like to mention for the record that you are able, if the disbursing office is closed, to go back the next time you are there——

Mr. BOZETARNIK. I would disagree with that. I tried that twice, and they wouldn't reimburse me.

Mr. EDGAR. Well, I am advised by counsel that it is legal and possible——

Mr. BOZETARNIK. You have to go through a lot of trouble and expense to do it, because I have tried it. They say they pay on a day-by-day basis. And I can't be paid for this day on this day because it has already been closed out.

Mr. OWENS. That is what I was told also.

Mr. EDGAR. OK, we will double-check with the hospital, but the procedure is supposed to be that if you go back the next time and the disbursing office has been closed, that you should be able to get reimbursed and we will deal with that.

Mr. Benjamin, do you have any questions at this point?

Mr. BENJAMIN. I appreciate the gentlemen and lady taking time from their busy schedule to render their very personal thoughts on

this. And it is certainly an indication, again, of the need of a clinic in northwest Indiana.

Thank you very much.

Mr. EDGAR. Mr. Fithian?

Mr. FITHIAN. Well, I want to thank the panelists also, and I would just add this, Mr. Chairman. A number of witnesses now here today, have made this point in one way or another. But I would just like to underscore it. And that is we have been talking about the cost of the clinic and the like.

I don't see anywhere where there has been an estimate calculated as to the economic impact of the loss of all the day's work, either for the veteran or his spouse, or her spouse, getting to and from work.

And I think that is something that we need to take into consideration when we argue the cost-benefit ratio of an outpatient clinic in northwest Indiana, which I think is very justified.

Mr. EDGAR. Thank you, Mr. Fithian.

Again, thanks for coming.

There are others who have statements to make, and what I would like to do at this time is to take those statements, again, we are very rushed for time, and we will take them one at a time.

If you will just stand and speak out where you are, let's start with this gentleman with his hand raised.

Go ahead.

STATEMENT OF TIM ADAMS

Mr. ADAMS. OK. I wanted to address myself to Congressman Adam Benjamin, Jr. I wanted to address my comments with regards to all senior citizens in Lake County, Ind. of World War I. I don't think we should forget our World War I veterans. I think we still have a few World War I veterans. World War II, Korean war veterans, Vietnam war veterans and to be in excess of 5,000 unemployed steel workers in Gary, and throughout Lake County, Ind.

I just wanted to mention the fact that Gary, Ind. is indigenous. And the reason I can relate to that is because from Crown Point here it indicates that Lake County must sell $14 million with tax anticipation warrants to stay solvent, during the early months of——

Mr. EDGAR. I am going to have to ask you to get to your point, your question, or your comment?

Mr. ADAMS. I am getting to it.

Mr. EDGAR. OK.

Mr. ADAMS. We have here $14 million to be distributed between the department of public welfare, the county general fund, and $1 million to the township poor relief, Lake County told the commission Monday.

We are speaking about solvency and veterans and so for that reason, I would like to indicate that we do have a desirable school in Gary, Ind., Gary High School, and the taxpayers have already paid for that building during the winter months. For practical purposes, I think that the veterans could utilize that school during the winter months as an interim facility for all veterans of Lake County.

Mr. EDGAR. Thank you. You are suggesting that school as a possible site for the interim facility.

Mr. ADAMS. Yes, an interim facility during the winter months.

Mr. EDGAR. Thank you for that contribution.

Would you repeat your name?

Mr. ADAMS. Tim Adams.

Mr. EDGAR. Tim Adams.

STATEMENT OF HENRY BENNETT, PRESIDENT, GARY BRANCH, NAACP

Mr. BENNETT. I am Henry Bennett, president of the Gary Branch of the NAACP. Each time I come to one of these meetings like this, I become a little more confused.

But today, I have heard a lot and there is nothing I could say that possibly you have not heard. I would like to ask one question. Who makes the final decision on where the outpatient clinic should be located?

Mr. EDGAR. The decision is made at this point by the Veterans' Administration, after they do a needs analysis, a survey of the resources in the particular facility. First, we have to authorize the construction of a outpatient clinic.

After that would be placed in law, the VA would have the authority to go out and seek a location, usually done by a study process. Many times that study is contracted out. The options would be listed out A, B, C, and D.

One of those options would be selected. Then the Appropriations Committee would have the responsibility of coming up with the appropriated funds to pursue that particular option.

In the interim period, we were suggesting that an interim outpatient clinic be established that would not necessarily take a location, rental facility or a purchase facility, it could be using existing facilities.

But, the first action has to be the authorizing of the outpatient clinic and following that, a survey of possible located sites would be made by the Veterans' Administration.

The Congress of the United States does not have the power and the authority to determine which location is accepted normally. Sometimes that is pushed around a little bit by those of us who are legislators. But the decision is made by the executive branch.

Mr. BENNETT. That is what I was thinking. With your Veterans' Administration making the final decision, and I don't know whether I am correct or not, you correct me if I am wrong—I heard earlier today that it was stated that if it was built here in Indiana, that a certain amount of budget would be taken away from someplace else.

And I have problems with that because you see, your elected officials, they are responsible to the people, and there is a recourse, but the Veterans' Administration, there is no recourse. Those of you who are—as my very good Congressmen, Adam Benjamin and Floyd Fithian, whom I know very well—if you look into that, and see to it that there is a fair and equitable way of placing this, I think that is what we have said to you today.

My second point is that this mileage, and I think, here again, Congressman Benjamin alluded to that, and I don't believe that an answer was given. Now, you say 40 miles. Back in the olden days, it took you all day to go 40 miles. And today, you heard from these veterans now that it will take you all day to go 40 miles.

So we haven't improved. The need is now, and we need it in this particular area now.

And let me say that it has come to me that the Indiana veterans do not receive fair and equitable treatment from the outpatient clinic employees and some doctors. I have never had to use it. I am a veteran. I spent 3 years, 2 months, 19 days, and 5 hours in service. So I know what it is all about.

I have not had the use, and I hope to God that none of you have to use it. You spoke about the budget. And I heard $1 million, or something like that, that passed around.

I was in a foreign country 2 years ago, the taxi driver who was showing me the city, he said, "You see that hospital over there?" He said, "America built that hospital, and we get free treatment anytime we want it, any day." Now, if they could do that, I am sure that they could find enough money to build an outpatient clinic.

We do have an ambulatory service here in Indiana, in Gary, at this particular time. If that is workable, I see no reason why that could not be added.

We are thinking about a medical center here at IUN, I see no reason why that could not be used.

Mr. EDGAR. I yield the gentleman 1 additional minute.

Mr. BENNETT. I won't need that. So what we are saying to you, and I think I am using your own words, we have made eye contact with you. We have told you what we want you to do. And as the dust of time settles over this particular gathering, I hope that you have made, and you will make, a decision, listening to all of the people who have come before you today, and say, "Yes, I agree with them, they do need it. Let's do it, post haste."

Thank you, gentlemen, very, very much.

Mr. EDGAR. Thank you very much.

This gentleman is next. Thank you for your comment. I would have to ask each of you to be really brief because I am about to be taken away.

STATEMENT OF DANIEL BREWSTER, VIETNAM VETERAN

Mr. BREWSTER. My name is——

Mr. EDGAR. Please come to the microphone, quickly.

Mr. BREWSTER. My name is Danny Brewster. I am a member of Nam Vets and Families, where Peggy Balutis and Joe Balutis are the presidents. I am a Vietnam veteran; Vietnam-era combat, Vietnam veteran. I have been commuting back and forth to Hines Veterans Hospital for the last month and a half, on the average of three times a week.

Hines VA Hospital, from the Broadway entrance, from I-80 to the Roosevelt Road gate, at Hines VA Hospital is exactly 52 miles.

I receive remibursement, travel pay, in the amount of $7.50. Incidentally, I had to reschedule an appointment this morning in order

to be here for this meeting. It is very important to me, because if there is anybody that knows how much a veteran, whether we be a Vietnam-era veteran, whether we be Korean conflict veterans; World War II, or even World War I veterans, if anybody that doesn't actually know how badly we here in northwest Indiana do actually need a hospital facility, a veterans' hospital facility; or clinic, outpatient clinic, what have you, I sure do.

We need it very badly. I heard it mentioned in regards to receiving prescriptions, filled drugs. Well, after you commute the distance to Hines VA Hospital, or Westside or Lakeside, of which I have been to all of them, you have to go through regular routine of receiving your treatment after you sit in the waiting room maybe an hour, 2 hours, and you are tired, you are sick.

I was recently operated on. And I have to drive myself back from Hines VA Hospital after they end up removing part of the bone out of my foot. My point is this: Why should we, even though we are in northwest Indiana so close to the Illinois line, have to commute so far of a distance in order to receive the needed, necessary treatment and care that we actually deserve ourselves?

And I can say these things without any reservations in regards to nonveteran families, which I am commuting back and forth there to receive counseling, and group therapy, or mental hygiene clinic. We are not being discriminatory when it comes to speaking favorably of the World War II veterans, or Korean conflict veterans.

We are talking about all veterans, because if there is anybody that does actually need fair treatment, I think that is actually us.

Mr. EDGAR. Your statement was well made. I appreciate that. I think it will be helfpul to the record.

Your comment; and then yours and yours, and then we are going to have to close.

STATEMENT OF RICHARD BUNDY, KOREAN VETERAN

Mr. BUNDY. OK. I am Richard Bundy, 7439 McCook in Hammond. The reason I didn't go through Congressman Benjamin's office, I like to speak at hearings, I like to speak as Joe Citizen with no obligation to anyone for the right to speak.

At the age of 16, in the year 1949, I was in Japan. So I could have qualified for World War II if I wanted. At the age of 17, I was technically a veteran of foreign wars, and a disabled veteran in Korea.

I served 14 months of combat in Korea. We didn't have withdrawal symptoms, and all this stuff that the Vietnam veterans seem to be suffering, maybe morality was different. I served 10 years. After that, I got out, I found out that the VA would pay you if you was disabled.

So, hell, I filed a claim. They didn't find any record of my injuries. They found a record of sinusitis, give me 10 percent. I said, well, what the hell? Get it for one or the other, right?

I go to Hines; I go to the Westside. And I am the kind of a guy that gets what is due me. So they give me a fee-basis card. I go to my own doctor, and they pay the transportation; they pay the doctor.

I am sorry you gentlemen come into an area that is so fragmented. I have been in very many large cities with VFW's, and the transportation would be no problem. The veterans, or the VFW, would get a bus. They would get a transportation system.

The testimony you are hearing today is people have to drive themselves. It is ridiculous with the amount of veterans' organizations. I disagree with the veterans' organizations in this area. They have no service officers in the Federal building. Each club has to help each veteran.

This Federal building over here should be staffed with a DAV rep; a VFW rep; American Legion rep; as in Chicago, as in Indianapolis.

There is nothing you are entitled to in this world, except to be born. If you are entitled to treatment at the VA, you spend that damn day and you wait, and you will get it. If these people are losing money by taking off to get treatment they justly deserve, then something should be done.

You got figures here that there is 14,000 service-connected veterans here and 6,000 on fee basis like me. That is 20,000. They are talking about 50,000 will be for treatment. Then where are those other 30,000 being treated today? They—the insurance companies—are steel and other industrial workers like I was. I could hide my symptoms and go to my doctor and say, Equitable Insurance will pay you. Why the hell should I go to my VA? That is what these 30,000 are doing or their wives' insurance or their insurance is paying for VA. All right, you put that burden on the VA related illnesses, and not the insurance companies, maybe the rates would come down, but then your budget has gone to hell.

I am sorry to be so blunt.

Mr. EDGAR. One additional minute, then we are going to have to move on, because I have to close.

Mr. BUNDY. I think we ought to get our act together with the Congressmen, with the veterans' organizations and establish an interim transit system to get these people over there, take them in the morning, bring them back, the other point, I talked to the doctor, Neal, and he agrees to what I am bringing up, and I think there should be a private enterprise. Give this business to a local hospital. Don't get the old doctors from the VA when you go in with an allergic condition. He gives you some Brown's mixture and terramycin.

You go to some other doctor, he sees you have an allergy condition, and not a runny nose; give it to the new independent doctor.

The intent of my testimony is that if you are entitled to benefits you may have to make some sacrifices; but I have always received the benefits I have been entitled to.

Thank you.

Mr. EDGAR. Thank you, sir, for your comment.

STATEMENT OF ELIZABETH SEPIOL

Ms. SEPIOL. I am Elizabeth Sepiol. My husband is a veteran. I just want to thank God and this country for what we have got. And for all you Congressmen, and the way our country is, there is no greater country.

Thank you.

Mr. EDGAR. Thank you very much for your comment.

Your comment, and then we will close.

STATEMENT OF DEWEY PEARMAN, ADMINSITRATIVE ASSISTANT TO EDWARD J. RASKOSKY, MAYOR, HAMMOND, IND.

Mr. PEARMAN. Mr. Chairman, my name is Dewey Pearman, I am administrative assistant to the Hammond mayor, Edward J. Raskosky. Mayor Raskosky regrets that he could not personally attend this hearing today. Several previous commitments precludes his attendance.

Mayor Raskosky has asked me to make his feelings known on this matter to the committee.

The city of Hammond, a city of 94,000 people, fully supports Congressman Benjamin's efforts to establish a veterans' outpatient clinic in northwest Indiana.

I won't take up your time repeating the many facts and figures previously stated justifying the location of this facility.

But very obviously, the VA facility is badly needed and warranted in northwest Indiana. The city of Hammond fully supports the use of public funds for such a facility and offers its resources to assist Congressman Benjamin and the committee in making this a reality. We have not yet done so, but if it would please the committee, we will be submitting written comments on this issue in the very near future.

We would like to thank the committee and Congressman Benjamin for giving the city of Hammond the opportunity to comment on this very important matter.

Thank you.

Mr. EDGAR. Thank you very much for your statement. For those of you who may have comments or statements that you would like to make to add to the record, I invite you to put them in writing and send them to Congressman Benjamin's office, or to send them directly to the House Veterans' Affairs Committee.

On behalf of Congressman Bud Hillis, who needed to return to Washington, and myself, I want to thank each of you for coming out today, and listening as we tried to analyze the problems that we face with locating a veterans' outpatient clinic here in the northwest corner of Indiana.

I would like to thank Ralph Casteel and our staff who have put this hearing together and Congressman Benjamin's staff. I would like to thank our reporter, who has been patient, to take all of the words and skip his lunch, and also I would like to thank Congressman Fithian for taking time out of his schedule to be with us today to hear your comments.

I think the opportuntity now rests back on our shoulders to go back and take the information that we have gathered at this field hearing back to Washington, convince our colleagues, both in the House authorizing committee and in the Appropriations Committee, that it makes sense to find a window, a window within the budget, to provide services to the people of the northwest corner of Indiana.

Thank you very much.

[Whereupon, at 1:55 p.m., the subcommittee was adjourned.]

89-404 O—82——7

APPENDIX

Prepared Statement of Adam Benjamin, Jr., a Representative in Congress From the State of Indiana

Gentlemen, thank you for your consideration, time and effort in conducting a congressional field hearing in northwest Indiana. I appreciate your continued interest in the need for a free-standing outpatient veterans' facility to serve the medical needs of the more than 120,000 veterans in northwest Indiana and northeast Illinois.

A veterans clinic did serve northwest Indiana shortly after World War II. However, the austerity of Government took its toll and the clinic was ultimately closed. Since then, we have had the cold war, two intervening hot wars and the veterans of World War II and Korea have aged to the poiint in life where continuous medical service finds greater need. The laws have also been changed to assure more Government-paid medical services to our military veterans, although as is the case at hand, the legislative promise and availability of the resource often conflict.

The testimony in Washington earlier this year and the testimony delivered or submitted today present a persuasive case for the reopening of a veterans clinic in northwest Indiana. Despite the typical rhetoric offered by the Veterans' Administration which showers figures without justification or conclusion, I am impressed by the need expressed publicly and privately to me on countless occasions (I am sure that Congressmen Fithian, Hillis and Hiler and Senators Quayle and Lugar—as well as our Illinois legislators representing southeast Cook County—have also received countless pleas for services that can best and most economically be provided through an outpatient clinic here). However, I must advise the subcommittee and its staff that the most conclusive proof of absolute need is not here today—it's with the aged veteran of Michigan City attempting to get into or around Chicago to obtain the needed services assured him by a grateful Congress. Or it's the paraplegic whose wartime sacrifice becomes a nightmare of obstacles in simply trying to transport himself to receive necessary medical care. It's the Vietnam veteran who denies himself an agent orange screening rather than face the frustration of traveling to Chicago and facing endless waiting lines for his treatment. Or the mentally ill veteran whose war continues, yet obtaining care involves an anguishing trek through heavy traffic in a strange city.

Yes, the most persuasive case is the one the committee will never see—it's the veteran begging for transportation and the consideration of another for his time and sympathy. In some instances, it's the veteran and a friend or loved one attempting to navigate the constantly congested thoroughfares in a city that is the home and workplace of millions of people—but an alien and unaccomodating place to those terrified by the vastness, numbers and often told tales of how strangers are mistreated.

In other words, Mr. Chairman and colleagues, the real experience that we should be providing today should be a demonstration of the hardship imposed on the disenfranchised veteran of northwest Indiana. This is the veteran who returned or moved to northwest Indiana because there was employment. His work has been strenuous but one of the products of his labor is the tax that helps pay for the Veterans' Administration. Or the veteran who returned to northwest Indiana because he couldn't work and needed the comfort and care of his loved ones who could work and pay the taxes to support the Veterans' Administration.

Regardless, the obvious point is that veterans don't come to northwest Indiana to hunt, fish and relax in a vacation wonderland. Quite frankly, if this were a vacation wonderland rather than a heavily industrialized area—I am sure that we would have retained the previous clinic—because the VA personnel would have wanted to stay here and would have assured an adequate veteran use to qualify its continuation.

In essence, it's now time to tell northwest Indiana that we're not only grateful for their service during time of war—but also acknowledge their contribution to the strength of the economy that pays for the VA services promised to him—but seldom delivered without persistence, perseverance and overwhelming demand by the veterans of this area.

Our office surveyed over 300 veterans receiving outpatient care at Hines, Lakeside and Westside VA Hospitals in Chicago. The survey reflected:

1. 98 percent of those surveyed would utilize and outpatient facility if established in northwest Indiana.
2. The majority utilize their own car for transportation to Chicago.
3. Of those utilizing public transportation, 59 percent rated this means of travel as either unpractical or unreliable, only 7 percent rated public transportation travel as highly reliable.
4. The average distance one way from homes in northwest Indiana to Chicago is 20–50 miles, with the average travel time between 1.5 hours.
5. The average amount of time spent at the VA hospitals in Chicago for outpatient care is 3 hours to a full day, with the average time of actual treatment being 10 to 20 minutes.
6. 59 percent of those receiving travel reimbursement responded that reimbursement does not cover their actual travel costs.

A more careful examination of the transportation, travel reimbursement and this current outpatient clinic visit load at the Chicago hospital should persuade the subcommittee that an outpatient clinic is direly needed and can serve as a cost effective alternative to the present VA outpatient health care delivery system.

The number of veterans served by the three VA hospitals for outpatient care is excessive and devastating. There are 761,890 veterans residing in Cook County, Illinois alone—the second largest veteran's population in the United States.

In fiscal year 1981, 545,634 veterans visited Chicago-Area facilities for their outpatient care. Futher, outpatient visits between fiscal year 1979 and fiscal year 1980 increased by 52,446. Hines VA Hospital plans to provide outpatient care for 220,000 veterans in fiscal year 1982, an increase of over 29,000 visits over the previous fiscal year for this facility alone. I note that the VA plans to reduce outpatient visits at Westside and Lakeside by 36,000 in fiscal year 1982. If the VA is recognizing that their current outpatient workloads are cumbersome and fiscally unmanageable, I would suggest that an outpatient clinic in northwestern Indiana is a viable and cost-effective alternative.

Travel reimbursement is made available to veterans who have a service-connected disability, are pensioned for a non-service-connected illness or otherwise qualify because of low income.

In fiscal year 1979, Hines spent $699,546 in total travel reimbursement and this same facility plans to reimburse over $1,120,000 in travel pay in fiscal year 1982.

The Evansville outpatient clinic is the only freestanding outpatient facility in the State, with a service area of 90,000 veterans. In fiscal year 1981, this clinic treated 23,926 veterans at a cost of $1,350,121, which includes cost of care, drugs, lab work, salaries and travel pay. This represents an average cost of $56.00 per patient.

The three VA medical centers in Chicago saw 13,986 Indiana veterans on an outpatient basis in fiscal year 1980 and paid out an estimated $126,352 in travel reimbursement. The VA estimates that 40 percent of the 13,000 some veterans from Indiana were eligible for travel reimbursement, which mean that $126,352 in estimated travel was expended on 5,594 veterans, representing an average cost of $23.00 per patient.

The current rate per outpatient visit set by the Office of Management and Budget for VA billing purposes is $47.00. When you add this figure to the average travel reimbursement, you will note that the average cost of providing outpatient care to Indiana veterans receiving travel pay was $70.00. This exceeds the Evansville clinic per patient cost by $14.00 and this facility serves almost twice the number of veterans. I believe these figures should impress that an outpatient facility would be cost effective and provide much more responsive care.

Currently, travel reimbursement is paid out on a common carrier rate or 11¢ per mile. In May of 1981, the VA applied travel reimbursement eligible criteria to those transported by ambulance, medi-car and taxi as well—methods of transportation that previously were not subject to the criteria test. Although I previously mentioned that Hines plans to increase travel pay, Westside and Lakeside Hospitals plan to reduce their combined travel reimbursement by nearly $140,000. The changes in travel reimbursement policy and planned reductions will only provide further hardship on the veterans of northwestern Indiana.

An outpatient facility in northwestern Indiana will provide an effective cost/benefit ratio and will be utilized fully. The majority of northwestern Indiana veterans are reaching their twilight years and their medical needs will logically increase. Lengthy unemployment results in loss of company-paid insurance benefits and the cost of insurance without company contribution is prohibitive causing the unemployed veteran to seek VA health benefits to cover his medical costs. I also anticipate that an outpatient facility in northwestern Indiana would be widely utilized by Vietnam veterans exposed to herbicides because of changes in agent orange treatment made in the Veterans Health Care Act of 1981 (Public Law 97-12).

Today, we are on the threshold of resolving a problem that has plagued northwest Indiana veterans for years. It is time to recognize that their long-term association with the Chicago VA hospitals for outpatient medical care is antiquated, fiscally unsound and, in reality, a denial of the right to legally guaranteed medical assistance for many of our area's veterans.

Mr. Chairman and colleagues, we truly appreciate your being with us today—particularly since it is a personal dedication and commitment to our American military veteran that brings you here and takes you away from your families and constituents. Please accept our thanks and everlasting gratitude. This acknowledgement and gratitude extends to your staff director, Ralph Casteel, whose son, after graduating from Valparaiso University, located in northwest Indiana. We trust that the wisdom of the Casteel of our area will "trickle up" to his fath

As you consider the proposed veterans' outpatient clinic fo orthwest Indiana, please remember that ours is not only a case of need, a case of overcoming practical denial of services, a case of making the law work—but it is truly a case of economy—good economics for the private sector whose loss time and employee expenses can be mitigated and ameliorated—good economics for State and local government whose properly treated veteran will remain here and contribute to the area's development and stability—and finally—good economics for the Federal Government. The immediately examined and treated veteran of northwest Indiana will not become a burden on the VA medical delivery system, will not be as apt to become an inpatient statistic and will avoid all collateral costs—all of which will grow through the remainder of this century.

Mr. Chairman and colleagues—the need, law and economics mandate a clinic here—I hope that you're persuaded and will approve the legislation creating the clinic.

Thank you.

NOVEMBER 4, 1981.

BENEFICIARY TRAVEL

1. *Authority.*—Reimbursement of travel is provided to eligible veterans in accordance with Title 38, U.S.C., Section 111 and Veterans Administration Regulation 6100 through 6102.

2. *Eligibility.*—Entitlement to travel reimbursement is based on the following criteria:

(a) Veterans having a service connected disability, or

(b) Veterans in receipt of non-service connected pension, or

(c) Veterans whose annual income does not exceed the amount allowable for non-service connected pension recipients.

At the present time, the maximum allowable annual income is $4,960.00 for veterans with no dependents and $6,499.00 for veterans with dependents.

3. *Reimbursement of travel* is based on the most economical means of transportation available, regardless of the acutal mode of travel utilized. In other words, if common carrier is available and is less costly than the mileage rate (11¢ per mile), then the common carrier rate is the allowable reimbursement or vice-versa. Veterans reimbursed for common carrier (bus or train) are reimbursed at the rate for bus fare or a train ticket. Veterans reimbursed for using their own automobile are reimbursed at the rate of eleven (11¢) cents per mile. Until May 1981 we were very liberal with the travel criteria relating to veteran's annual income. This criteria was only applied to common carrier and privately-owned automobile users. Since May the criteria has been applied to taxi cab, medicar, and ambulance travel as well. Increased costs for these services prompted our review of the controls of the beneficiary travel program as defined by current VA directives. Those veterans entitled to beneficiary travel reimbursement are provided payment upon request. Travel reim-

bursement is not automatic, the veteran must request travel on the day it is performed.

4. *Expenditures.*—Travel reimbursement paid by the Chicago area VA facilities:

	Fiscal year—			
	1979	1980	1981	1982
Hines	$699,546	$918,052	$967,104	$1,122,000
West Side	682,724	853,407	1,035,548	950,000
Lakeside	(1)	411,154	501,829	456,491

[1]Information not available.

5. *Outpatient workload.*—Outpatient staff visits experienced by the Chicago area VA facilities:

	Fiscal year—			
	1979	1980	1981	Planned 1982
Hines	190,899	206,650	216,301	220,000
west Side	193,025	193,587	198,530	190,641
Lakeside	109,264	131,542	130,803	102,520

6. *Inpatient care* provided Indiana veterans based on 1980 Patient Treatment File data was:

County	Hines	West Side	Lakeside
Lake	594	212	240
La Porte	68	3	10
Porter	47	3	13
Jasper	12	.....	6
Stark	12	.....	.....
Newton	4	.....	.....
All other counties	60	22	21

7. *Outpatient care* provided Indiana veterans based on actual outpatient visits was:

County	Hines	West Side	Lakeside
Lake	3,950	3,370	1,275
La Porte	175	130	65
Porter	320	295	10
Jasper	30	10	.....
Stark	105	.....	.....
Newton	7	.....	.....
All other counties	380	185	45

8. *The current rate per outpatient visit* established by Office of Management and Budget (OMB) for Veterans Administration billing purposes is $47.00. The rate is the same regardless of the amount or intensity of care provided in a single visit. We have been successful through our wise use of resources available to care for all veterans seeking care from our facility.

9. I hope the information provided will be of assistance to Congressman Adam Benjamin in his endeavor to bring a VA Outpatient Clinic to Northwest Indiana.

W. C. SOLYTS,
Chief, Medical Administration Service.

OUTPATIENT STAFF VISITS BY COUNTY OF RESIDENCE, FISCAL YEAR 1980

Service area	Chicago		Hines	Total
	Lakeside	West Side		
Jasper	0	12	43	55
Lake	2,759	3,897	5,602	12,258
La Porte	141	150	248	539
Marshall	11	0	21	32
Newton	0	0	0	0
Porter	22	341	454	817
Pulaski	0	0	0	0
St. Joseph	0	23	113	136
Starke	0	0	149	149

NORTHWEST INDIANA HEALTH FACILITIES

GENERAL HOSPITALS

Lake County

The Community Hospital, 901 MacArthur Blvd., Munster, IN 46321.
St. Mary Medical Center Southeast, 1500 South Lake Park Avenue, Hobart, IN 46342.
St. Mary Medical Center, 540 Tyler St., Gary, IN 46402.
Methodist Hospital of Gary, 600 Grant St., Gary, IN 46402.
Methodist Hospital, Southlake, 8701 Broadway, Merrillville, IN 46410.
St. Anthony Medical Center, Main and Franciscan Drive, Crown Point, IN 46307.
Our Lady of Mercy Hospital, U.S. Highway 30, Dyer, IN 46311.
St. Margaret Hospital, 5454 Hohman Avenue, Hammond, IN 46320.
St. Catherine Hospital, 4321 Fir St., East Chicago, IN 46312.

Porter County

Porter Memorial Hospital, 814 LaPorte Avenue, Valparaiso, IN 46383.

La Porte County

La Porte Hospital, Inc., 1007 Lincolnway, La Porte, IN 46350.
Memorial Hospital of Michigan City, Firth and Pine, Michigan City, IN 46360.
St. Anthony Hospital, 301 West Homer St., Michigan City, IN 46360.
Walters Hospital Foundation, 3714 South Franklin St., Michigan City, IN 46360.

MULTISPECIALTY GROUP PRACTICE CLINICS

Lake County

Hammond Clinic, 7905 Calumet Ave., Munster, IN 46321.
Ross Clinic, 6111 Harrison, Merrillville, IN 46410.
Whiting Clinic, 2075 Indianapolis Blvd., Whiting, IN 46394.
Whiting Clinic, 2450 169th, Hammond, IN 46320.

La Porte County

La Porte Clinic, 900 I, La Porte, IN 46350.
Medical Group of Michigan City, 1225 East Coolspring Ave., Michigan City, IN 46360.

COMMUNITY MENTAL HEALTH CENTERS[1]

Lake County

Gary Community Mental Health Center, 1100 West 6th Avenue, Gary, IN 46402.

[1] Does not include satellite facilities and services.

Tri-City Comprehensive Community Mental Health Center, 3901 Indianapolis Blvd., East Chicago, IN 46312.

Southlake Center for Mental Health, 8555 Taft St., Merrillville, IN 46410.

Porter County

Porter-Starke Services, 701 Wall St., Valparaiso, IN 46383.

La Porte County

La Porte Community Comprehensive Mental Health Center, 901 Washington, Michigan City, IN 46360.

PREPARED STATEMENT OF U.S. SENATORS DICK LUGAR AND DAN QUAYLE, PRESENTED BY MR. TIM SANDERS, SPECIAL ASSISTANT

Mr. Chairman, I appreciate your invitation to join the distinguished witnesses here today to testify on behalf of a Veterans Administration Outpatient Clinic in Northwest Indiana. The Subcommittee on Hospitals and Health Care of the House Committee on Veterans' Affairs is to be commended for providing this opportunity to allow us to focus on such an Outpatient Clinic.

I especially want to recognize the earnest efforts of my friend and colleague, Congressman Adam Benjamin. Through Adam's personal urging, the Subcommittee scheduled these hearings today.

It is encouraging to note the strong commitment and close cooperation between veterans and the community in regard to this proposed veterans' facility.

The location of an Outpatient Clinic in Northwest Indiana would serve one of the basic needs and fundamental rights of all veterans—adequate medical care. Veterans residing in Northwest Indiana experience greater than average hardships in securing this medical attention.

VA Outpatient Clinics service patients with medical needs similar to care provided by a general practitioner. The medical care is generally routine and does not involve overnight stays.

Over 4,216 veterans from Northwest Indiana utilized VA Outpatient Clinics in Chicago in 1980 according to the VA. This large number of vets receiving outpatient care is very likely to increase by substantial numbers in the near future because of the increasing number of veterans in Northwest Indiana who are entering their elderly years.

Although no one can accurately forecast the future need of medical care for the veteran population, there is present evidence which dictates the need for a VA Outpatient Clinic in Northwest Indiana. As previously stated, veterans in Northwest Indiana generally use VA medical facilities in the Chicago area. Transportation to and from the three Chicago VA hospitals serving Northwest Indiana is very costly in terms of time and money.

The VA asserts that the major obstacle to an outpatient clinic in Northwest Indiana is that most selected areas in Northwest Indiana are within a 40-mile radius of existing VA medical facilities. However, I can personally attest to the fact that the heavy traffic and inconvenient routes due to construction in the Chicago area make a 40-mile trip into a 1½- to 2- to 2½-hour motoring nightmare for drivers.

Other difficulties are involved in private transportation. The VA reimburses veterans for transportation costs at a standard rate of 11 cents per mile. This figure does not include parking costs and also does not reflect current transportation costs which rose 1.2 percent last month alone. It is obvious that the reimbursement by the VA does not adequately cover the transportation costs incurred by the veteran.

The VA spent $126,523.00 in 1980 to reimburse veterans traveling from Northwest Indiana to use the clinics in Chicago. I would like to emphasize at this time, that the medical care received by veterans at Outpatient Clinics is routine medical care—not hospital care.

Elderly and disabled veterans are most affected by problems associated with transportation. Public transportation is a problem, and driving themselves or finding someone to drive them is often either impossible or impractical. Although veterans service organizations provide transportation to Outpatient Clinics, these services are extremely limited. I might also add that ambulance service to VA hospitals from Northwest Indiana is non-existent.

Apparently, patients must wait in long lines at the clinics to receive medical attention. Most veterans are required to spend an entire day out of their normal schedule just to receive routine medical treatment in Chicago.

The need for a VA medical facility in Northwest Indiana is readily apparent. Transportation problems for veterans would be minimized. Time and other inconve-

niences would be saved. Cost would be reducd not only to the veteran but to the VA as well. Outpatient loads would be reduced in the Chicago VA clinics. And most importantly, more veterans would be inclined to utilize the medical facilities. That is their fundamental right for honorably serving our country.

As a member of the Senate Budget Committee, I recognize the budgetary restraints confronting the Federal government. However, it is important that we continue to afford the nation's veterans, including those in this part of Indiana, with convenient and quality medical care.

I hope the Subcommittee will act positively on this proposal designed to benefit not only the communities of Northwest Indiana, but to the men and women who deserve just treatment—the over 100,000 veterans residing in Northwest Indiana.

PREPARED STATEMENT OF ALBERT ZAMBERLAN, VA REGIONAL DIRECTOR, GREAT LAKES REGION, ANN ARBOR, MICH.

I am pleased to be here today to provide an overview of the status of the Veterans Administration Ambulatory Care program, with emphasis on satellite clinics and the main focus being Northwestern Indiana. At the outset, I would like to present a general overview of the VA ambulatory care program.

With the enactment of Public Law 93-82, in August 1973, which established the non-service-connected veteran's eligibility for ambulatory care to "obviate" the need for hospital admission on a case by case decision, the demand for ambulatory care increased substantially. To illustrate the effect, the number of outpatient medical staff visits increased nearly 4 million visits between fiscal year 1974 and 1976. (Attachment I) During the same period, the workload for veterans without a service connected disability increased almost 3 million visits.

Due to limitations of resources for staffing and space, such uncontrolled growth was an obvious threat to the quality of care provided by the Veterans Administration.

The Congress also recognized this threat to quality of care. In 1976 it enacted Public Law 94-581 provisions of which directed the VA to provide outpatient care in accordance with a specific priority scheme, with ambulatory care to be provided on the basis of the availability of resources. One of Congress' major purposes in enacting the legislation was to "shape a new direction for the Department of Medicine and Surgery after almost a decade of tremendous growth—a direction that will emphasize better and more comprhensive treatment primarily for service-connected veterans and primarily within the limits of existing resources, existing programs, and existing facilities."

Those concerns were given further expression in the Committee report on one of the bills which formed the core of that law:

"The Committee believes that in 1976 congressional efforts should concentrate on consolidating the impressive growth that has already occurred and ensuring the efficient utilization of resources that already exist. It is time to take a searching look at present priorities within the enormous system of hospitals, outpatient clinics, and other facilities, and, where necessary, to establish clear priorities for the allocation for VA resources in order to redirect care and expenditures for the benefit of veterans with the strongest claim to treatment in VA health care facilities."

The Congress clearly understood that even if there was an increase in the efficiency of our ambulatory health care delivery programs, it would not be sufficient to enable the VA to meet all of the workload associated with veterans who did not have a service connected disability. To make this clear, Public Law 94-581 not only provided a treatment priority scheme, but also directed that care for veterans without a service connected disability to "obviate the need for hospitalization" be the lowest ambulatory care priority.

This concern for ensuring the effective utilization of resources is the basis for our policy regarding the satellite clinic component of the ambulatory care program. Before stating that policy, I will review the history of the satellite clinic program.

The development of VA satellite clinics dates back to 1973. In that year, the Veterans Administration conducted a study to identify those metropolitan areas without a VA presence in order to develop priorities for potential locations for outpatient satellite clinics.

The study employed two criteria to identify potential locations: first, the location had to be a Standard Metropolitan Statistical Area (SMSA) of at least 200,000 inhabitants, and second, the potential site had to be at least 40 miles from the nearest VA health care facility. This initial study identified 21 potential outpatient clinic locations. (Attachment 2.)

Another study was conducted in 1974, and although the population criterion was reduced to include SMSAs of 150,000 or more inhabitants, the distance criterion was the same. This study identified 26 additional potential outpatient clinic locations, making a total of 47 sites. (Attachment 2.) In 1978, an update of the study employing the 1974 criteria identified 10 additional outpatient clinic locations bringing the total to 57 sites. (Attachment 3.)

Our policy regarding the location of satellite clinics reflects our concern for the most effective use of VA resources. Simply stated, it is to activate, as resources permit, only those clinics already scheduled, and not to schedule further activations.

The current budget environment underscores the importance of this policy. The Medical Care appropriation may not be funded at the level in fiscal year 1982 that would allow for the same workload that was handled by the VA in fiscal year 1981. In addition to increases for inflation and normal salary increases, it appears that the Medical Care appropriation will be required to absorb increased costs for fuel and utilities, communications, federal employee health benefits, dental fees, wage board pay raise, and a portion of the GS pay raise.

Given the current resource situation and considering the possibility of further budget reductions, it is not possible for the Veterans Administration to support additional satellite outpatient clinics within existing resources.

Despite the fact that no additional outpatient clinics are planned, the lack of immediate access to a VA satellite clinic does not mean there is a lack of opportunity to obtain needed health care. Travel expenses associated with obtaining health care under VA auspices may be partially or totally defrayed by the VA for service connected veterans and others unable to pay such expenses. If the VA cannot provide the required care or cannot do so economically because of geographic inaccessibility, certain veterans requiring treatment for service connected conditions or for conditions requiring treatment after hospitalization, as well as veterans 50 percent or more service connected disabled, are provided services at VA expense. This is accomplished using local private physicians and other qualified health care providers. These services are also available to other veterans, including those who cannot function without the aid and attendance of others. Thus, there are alternatives to VA satellite clinics.

As regards VA ambulatory care in the Northwestern area of Indiana, veterans in this area are primarily served by the three VA medical centers in the metropolitan Chicago area, namely Chicago Lakeside, Chicago West Side, and Hines. During fiscal year 1980, nearly 14,000 staff visits were generated to the Chicago area VAMC by veterans from the Northwest area of Indiana. (Attachment 4.)

Also, during fiscal year 1980, veterans in the Northwest area of Indiana made more than 6,262 fee visits to private sector health care providers costing more than $132,300 which were paid for by the Veterans Administration. (Attachment 5.)

Congress has long recognized that our ability to provide care is directly related to available resources. Adding new, unscheduled outpatient clinics to the system can only result in a dilution of our resource base. Accordingly, we believe our policy is a sound one. Moreover, departing from that policy poses the danger of compromising our ability to meet existing commitments. We believe such a result would produce grave concerns on the part of all veteran beneficiaries. We are hopeful that the Congress shares these concerns.

ATTACHMENT 1.—OUTPATIENT VISITS—STAFF AND F.T.E.E., FISCAL YEARS 1974–81

	1974	1975	1976	1977	1978	1979	1980	1981
Total	12,266,476	14,629,517	16,409,850	17,045,079	17,416,275	17,262,408	17,971,407	17,933,060
Staff	10,457,830	12,595,514	14,222,804	14,675,284	15,069,573	15,053,332	15,751,690	15,828,574
F.T.E.E.	1,808,646	2,034,003	2,187,046	2,369,795	2,346,702	2,209,076	2,219,717	2,104,486

ATTACHMENT 2.—LOCATION OF CURRENT AND PROPOSED OUTPATIENT SATELLITE CLINICS

Satellite clinics	In operation prior to 1973 study	Identified in 1973 study	Identified in 1974 study	Identified since 1973–74	Future activation/ scheduled [1]
	(1)	(2)	(3)	(4)	(5)
Allentown, Pa		X			OPR
Anchorage, Alaska				X	NS
Appleton-Oshkosh, Wis		X			NS

ATTACHMENT 2.—LOCATION OF CURRENT AND PROPOSED OUTPATIENT SATELLITE CLINICS—Continued

Satellite clinics	In operation prior to 1973 study	Identified in 1973 study	Identified in 1974 study	Identified since 1973–74	Future activation/ scheduled [1]
	(1)	(2)	(3)	(4)	(5)
Atlantic City, N.J			X		NS
Austin, Tex			X		NS
Bakersfield, Calif		X			NS
Baltimore, Md	X				
Baton-Rouge, La			X		OPR
Beaumont, Tex		X			OPR
Binghamton, N.Y		X			NS
Bradford, Pa				X	4/83
Brownsville-Harlingen-San Benito, Tex.				X	NS
Canton, Ohio		X			OPR
Charleston, W. Va			X		NS
Chattanooga, Tenn		X			OPR
Colorado Springs, Colo			X		NS
Columbus, Ohio (subsequently independent).		X			OPR
Columbus, Ga			X		NS
Corpus Christi, Tex	X				
Davenport-Rock Island-Moline, Iowa-Ill.				X	NS
Daytona Beach, Fla				X	NS
Duluth-Superior, Minn		X			NS
El Paso, Tex (subsequently independent).		X			OPR
Eugene-Springfield, Oreg			X		NS
Evansville, Ind		X			OPR
Fort Myers, Fla				X	OPR
Fort Smith, Ark			X		NS
Galveston-Texas City, Tex			X		NS
Grand Rapids, Mich		X			OPR
Greenville, S.C		X			OPR
Harrisburg, Pa	X				
Huntsville, Ala			X		NS
Jacksonville, Fla	X				
Johnstown, Pa			X		NS
Knoxville, Tenn	X				
Lake Charles, La				X	NS
Lansing-East Lansing, Mich			X		NS
Lima, Ohio			X		NS
Long Branch-Asbury Park, N.J				X	NS
Lowell, Mass	X				
Macon, Ga			X		NS
Mayaguez, Puerto Rico				X	OPR
McAllen, Tex	X				
Mobile, Ala		X			OPR
Modesto, Calif			X		NS
Newark, N.J	X				
New Bedford, Mass	X				
New London-Norwich, Conn.-R.I				X	NS
New York, N.Y	X				
Oakland, Calif	X				
Orlando, Fla		X			OPR
Parkersburg-Marietta, W. Va.-Ohio				X	NS
Pensacola, Fla		X			11/83
Peoria, Ill		X			OPR
Philadelphia, Pa	X				
Pittsburgh, Pa	X				
Pompano Beach, Fla. (Broward)				X	12/81

ATTACHMENT 2.—LOCATION OF CURRENT AND PROPOSED OUTPATIENT SATELLITE CLINICS—Continued

Satellite clinics	In operation prior to 1973 study	Identified in 1973 study	Identified in 1974 study	Identified since 1973–74	Future activation/ scheduled [1]
	(1)	(2)	(3)	(4)	(5)
Ponce, Puerto Rico (currently fee basis)				X	NS
Portland, Oreg	X				
Portland, Maine				X	NS
Riviera Beach, Fla				X	OPR
Rochester, N.Y	X				
Rockford, Ill			X		NS
Sacramento, Calif		X			OPR
Salem, Oreg			X		NS
Salinas-Seaside-Monterey, Calif			X		NS
San Antonio, Tex	X				
San Diego, Calif	X				
Santa Barbara, Calif		X			OPR
Santa Rosa, Calif			X		NS
St. Paul, Minn	X				
St. Petersburg, Fla	X				
Savannah, Ga			X		NS
Seattle, Wash	X				
South Bend, Ind			X		NS
Springfield, Ill			X		NS
Springfield, Mass	X				
Springfield, Mo			X		NS
Terre Haute, Ind			X		NS
Toledo, Ohio		X			OPR
Tulsa, Okla			X		OPR
Utica-Rome, N.Y			X		NS
Waco, Tex	X				
Wheeling, W. Va	X				
Winston-Salem, N.C	X				
Worchester, Mass	X				
Yakima, Wash				X	NS
Youngstown-Warren, Ohio		X			NS
Total	25	21	26	16	

[1] Refers only to cols. 2, 3, and 4.
NS—Not scheduled.
OPR—Presently operating.

ATTACHMENT 3.—ALPHABETICAL LISTING OF POTENTIAL SATELLITE CLINIC SITES

Location	Miles to nearest VA	Nearest VA	Estimated 1985 PSA veteran population	Estimated 1985 visits	Identified in 1973 and 1974 studies
Anchorage, Alaska	941	Juneau	25,410	7,395	
Appleton-Oshkosh, Wis	103	Wood	90,500	25,432	X
Atlantic City, N.J	57	Camden	65,330	18,773	X
Austin, Tex	63	Temple	66,930	25,705	X
Bakersfield, Calif	91	Sepulveda	51,160	21,380	X
Binghamton, N.Y.-Pa	75	Wilkes-Barre	47,370	19,316	X
Brownsville-Harlingen-San Benito, Tex	58	McAllen	14,530	6,093	
Charleston, W. Va	49	Huntington	45,480	16,172	X
Colorado Springs, Colo	70	Denver	67,630	22,259	X
Columbus, Ga.-Ala	44	Tuskegee	60,750	17,816	X
Davenport-Rock Island-Moline, Iowa-Ill	55	Iowa City	99,400	29,492	
Daytona Beach, Fla	54	Orlando	36,870	16,039	
Duluth-Superior, Minn.-Wis	139	St. Cloud	58,310	20,053	X
Eugene-Springfield, Oreg	69	Roseburg	74,080	23,246	X

ATTACHMENT 3.—ALPHABETICAL LISTING OF POTENTIAL SATELLITE CLINIC SITES—Continued

Location	Miles to nearest VA	Nearest VA	Estimated 1985 PSA veteran population	Estimated 1985 visits	Identified in 1973 and 1974 studies
Fort Smith, Ark.-Okla	61	Fayetteville, Ark	38,540	12,637	X
Galveston-Texas City, Tex	50	Houston	27,270	11,862	X
Huntsville, Ala	86	Birmingham	82,640	23,043	X
Johnstown, Pa	41	Altoona	69,510	18,746	X
Lake Charles, La	58	Beamont	33,740	10,745	
Lansing-East Lansing, Mich	55	Battle Creek	64,120	24,810	X
Lima, Ohio	63	Fort Wayne	39,010	12,720	X
Long Branch-Asbury Park, N.J	49	Newark	102,280	44,492	
Macon, Ga	52	Dublin	47,440	14,213	X
Modesto, Calif	80	Oakland	91,540	24,361	X
New London-Norwich, Conn.-R.I	45	Newington	63,290	24,156	
Parkersburg-Marietta, W. Va.-Ohio	83	Clarksburg	40,300	12,844	
Pensacola, Fla	60	Mobile	84,880	29,315	X
Portland, Maine	66	Togus	62,790	24,108	
Rockford, Ill	65	Madison	106,720	27,967	X
Salem, Oreg	48	Portland	66,920	23,666	X
Salinas-Seaside-Monterey, Calif	74	Palo Alto	59,800	21,242	X
Santa Rosa, Calif	58	Martinez	61,070	18,477	X
Savannah, Ga	105	Charleston	51,120	16,233	X
Springfield, Ill	73	Peoria	76,800	19,117	X
Springfield, Mo	111	Fayetteville, Ark	75,960	19,587	X
South Bend, Ind	83	Fort Wayne	101,130	27,324	X
Terre Haute, Ind	57	Danville	59,010	16,925	X
Utica-Rome, N.Y	52	Syracuse	71,820	23,255	X
Yakima, Wash	131	Walla Walla	53,990	14,076	
Youngstown-Warren, Ohio	45	Butler	93,000	37,231	X

ATTACHMENT 4.—OUTPATIENT STAFF VISITS BY COUNTY OF RESIDENCE, FISCAL YEAR 1980

Service area	Chicago Lakeside	Chicago West Side	Hines	Total
Jasper	0	12	43	55
Lake	2,759	3,897	5,602	12,258
La Porte	141	150	248	539
Marshall	11	0	21	32
Newton	0	0	0	0
Porter	22	341	454	817
Pulaski	0	0	0	0
St. Joseph	0	23	113	136
Starke	0	0	149	149

ATTACHMENT 5.—FEE BASIS VISITS AND PAYMENTS BY CLINIC OF JURISDICTION

Indiana	Chicago, Ill.					Indianapolis, Ind.				
	Fee basis medical			Fee basis travel		Fee basis medical			Fee basis travel	
	Number of veterans	Number of visits	Total payments	Number of veterans	Total payments	Number of veterans	Number of visits	Total payments	Number of veterans	Total payments
Jasper	1	8	$400			17	540	$9,851	2	$376
Lake	118	2,079	54,889	9	$375	3	34	1,041		
La Porte	17	308	7,399			3	36	495		
Marshall						35	210	4,791	2	15
Newton						6	49	1,048	1	61
Porter	19	281	5,701	2	33	1	8	78		

ATTACHMENT 5.—FEE BASIS VISITS AND PAYMENTS BY CLINIC OF JURISDICTION—Continued

Indiana	Chicago, Ill.					Indianapolis, Ind.				
	Fee basis medical			Fee basis travel		Fee basis medical			Fee basis travel	
	Number of veterans	Number of visits	Total payments	Number of veterans	Total payments	Number of veterans	Number of visits	Total payments	Number of veterans	Total payments
Pulaski						6	435	1,862	1	66
St. Joseph						243	2,229	42,523	2	84
Starke						13	45	936		
Total	155	2,676	68,389	11	408	327	3,586	62,985	8	602

PREPARED STATEMENT OF MISS ELOISE GENTRY, EXECUTIVE DIRECTOR, URBAN LEAGUE OF NORTHWEST INDIANA, INC.

Urban League of Northwest Indiana, Inc. was founded in 1945 as an affiliate of the National Urban League. The league is a social welfare agency, established for the purpose of removing the many barriers that prevented Americans from enjoying equal opportunity.

The Urban League of Northwest Indiana, Inc. through its veterans affairs program implemented a demonstration job development, counseling, training and placement project to serve the employment needs of selected disabled and long-term unemployed veterans living in Lake County. This program utilized the expertise of the league in veterans' affairs, job training and employment for veterans in the private/public sector, in business and in nonprofit organizations.

During 1978 to December 1980 over two hundred disabled veterans were placed in employment. However, during our counseling with approximately seventy veterans monthly, they constantly expressed their concerns for their great needs for medical services. In fact, the medical services in northwest Indiana veterans are currently limited to outpatient clinics in Chicago, Illinois and Indianapolis, Indiana. The veterans in northwest Indiana utilized the Chicago, Illinois facility, if public transportation was available! The public transportation available to the disabled veterans is the South Shore Railroad, which may or may not run during the wintry season. Upon the disabled veterans arrival in Chicago, the outpatient must transfer to the elevated train in the Chicago Loop and then transfer to a bus to Hines Hospital. This distance is long, costly, inconvenient and dangerous.

Urban League of Northwest Indiana, Inc. has a coordinated effort history of actually driving the patient to the Chicago Veterans' Hospital, because it was too expense for the disabled veterans and it was to impractical. However, once the disabled veteran patient arrived, he was obligated to wait hours and hours in order to receive any care. After the treatment, then, the disabled veteran must return to his home in northwest Indiana!

Urban League of Northwest Indiana, Inc. takes great pride in obtaining employment for the disabled veterans. However, how often can he take the entire day for heath treatment?

The disabled veteran has many health problems and as they continue to age, the facts leads one to believe that their health care need would increase tremendously!

We believe and recommend that careful consideration for the health of the disabled veteran, that you would authorized and support fully a veterans outpatient clinic in Northwest Indiana.

PREPARED STATEMENT OF JOHN ZAMBORY, LAKE COUNTY VETERANS' SERVICE OFFICER

Mr. Chairman and members. I am priviledged to appear this morning on behalf of more than 120,000 military service veterans of northwest Indiana who ask that the VA provide an outpatient medical facility to accommodate their needs.

As the Lake County service officer, I listen to veterans daily telling me of the problems they encounter in going to the medical facilities in Chicago. One of the many complaints I hear is that they have no proper public transportation facilities to reach the VA medical facilities.

Veterans from northwest Indiana must provide their own transportation to any of the four VA hospitals in Chicago to receive treatment for their illnesses. A veteran

that is too ill to travel by himself must rely on his family or friends to transport him to the clinic. In many cases this means that it is an all-day affair and the person cannot always rely on family or friends to stay there all day or to lose time from work. Our veterans find it very difficult to obtain assistance in transporting themselves for necessary visits. Often, veterans may be required to go to the outpatient clinics on a daily or weekly bais, which creates a crisis situation.

If a veteran from northwest Indiana wishes to utilize public transportation to Hines Hospital, for instance, he would go by South Shore Railroad to the Loop in Chicago, take an elevated train to Des Plaines Avenue and transfer by bus to Hines (three public transportation facilities must be utilized to get to the hospital). If connections are not right or the hospital keeps the veteran late, an overnight stay at a motel, at his expense, is in order.

When a veteran needs to go to the hospital, he is usually too ill to travel that far! Sometimes the veteran is not able to obtain transportation from family, friends or organizations and gives up in despair, forfeiting necessary medical treatment. Other veterans check into private hospitals with the expectation that the VA will pay for their stay. This creates a difficult situation for the veteran trying to collect from the VA for his private hospitalization if he has not obtained prior approval from the VA.

Travel allowances are another source of headaches for the average veteran going to a VA facility. Veterans who must be served on an outpatient basis are authorized travel allowances by the VA. If a veteran has no dependents, a $3,000 income limit is a standard guide to determine whether or not he will receive travel allowance. If a veteran makes more than $3,000, no allowance is available. A married veteran with more than $5,000 income receives no allowance. As you can see, most veterans living in northwest Indiana do have a very big problem with transportation to the outpatient clinics in the Chicago area.

The Chicago VA hospitals spend over $2 million per year for travel reimbursement to qualified veterans. While these large sums of money are being reimbursed to the veterans for travel, the amount actually received by each needy person does not truly reflect the actual costs of transportation which places an undue burden on the veterans in Lake County and other areas. Travel reimbursement does not cover costs for highway tolls nor parking expenses at some VA hospitals which are at least $5.00 per day. The establishment of an outpatient clinic in this area would better serve all the veterans in this region in a more cost-efficient manner.

According to the VA statistics, the average age of the World War II veteran is approximately 61 years of age; 32 percent more beds will be needed in the hospital and the outpatient clinics will not be able to accommodate the veterans requesting assistance. I sincerely believe we owe these services to our veterans who, through no fault of their own, received injuries or illnesses fighting for their country.

I might add, Mr. Chairman, all of the veterans' organizations have endorsed the outpatient clinic. Our Lake County commissioners, Lake County Council and the entire community have wholeheartedly endorsed the outpatient clinic.

PREPARED STATEMENT OF ROBERT F. CUTLER, SR., LA PORTE COUNTY VETERANS SERVICE OFFICER, LA PORTE, IND.

I believe it would be to the best interest of the veterans in La Porte County to have an outpatient Clinic in this area. I have been assisting veterans for over 10 years in this area, and each year it gets more difficult for the veterans to get to the V.A. Hospitals in Chicago. Many are unable to drive, and relatives of these veterans do not want to or are unable to drive in Chicago traffic.

The closest V.A. Hospital to La Porte is 67 miles to the West Side V.A. Hospital in Chicago, and Hines Hospital is an 87 mile drive. At one time I was able to get drivers to take these veterans in, but with the heavy traffic and the veterans of WW II getting older they can't make the drive.

Many of the veterans in La Porte County are unable to take advantage of the Chicago V.A. Hospital because of transportation and the time it take to get in and out of Chicago and the waiting time at the hospitals when they do get there.

An out patient clinic in this area would certainly be very advantageous to all the veterans in this area, and I would certainly like to see one established very soon.

PREPARED STATEMENT OF JACK W. HIGHBERGER, VA OFFICER, PORTER COUNTY, IND.

It is my sincere feeling that we definitely need a Veterans Outpatient Clinic that would serve the Northwest Indiana area.

In Porter County, where I am the Veterans Representative, we have 14,000 veterans. Many of these veterans have reached their middle years and older and need continuous medical attention.

We are located approximately 70 miles from the nearest VA facility. Unfortunately, all of the facilities near Porter County are in the congested Chicago area.

None of the people I serve have been turned down for medical assistance as yet, but this year I was informed by a member of the Hines hospital staff that they had been informed by Governor Thompson of Illinois that they were to take care of Illiniois vets first if there were any cut backs in Va assistance.

It is my opinion that there are too many veterans in the five counties in Nortwest Indiana to continue to rely on Chicago Veteran facilities in the years to come. Our people need a clinic where they can be examined and diagnosed without making it an all day or overnight trip to Chicago.

Many of the veterans I represent are on limited incomes and can't afford hotel and transportation bills. They are living on social security or some other small income. It is time that Northwest Indiana is recognized as a large megapolis of nearly one million people. Our ties are not as great with Chicago as they were 30 years ago.

Our Vietnam veterans need special care for any "Agent Orange" reaction they might have.

A psychiatrist should be available at the clinic to deal with all mental health problems. These people need someone they can have weekly contact with while undergoing treatment.

Northwest Indiana is presently served by probably the most crowded VA hospital facilities in the nation . . . those of Chicago.

Remember, as Chicago's population drops off each year, Northwest Indiana is in a growing period.

We must plan for an Outpatient Clinic now for not only the future, but for the present.

PREPARED STATEMENT OF DONALD R. WESTBURY, DISTRICT 1 COMMANDER, VFW

With 80,000 to 100,000 veterans in Lake County and thousands more in Porter, Marshall, La Porte, Jasper, Newton, and Starke Counties, the need for an outpatient clinic in Northwest Indiana is great. A clinic in Northwest Indiana would relieve a lot of the pressure on the VA facilities in Chicago.

A lot of veterans in Northwest Indiana could use the clinic that presently don't because of the time it takes to get to Chicago—a clinic in Northwest Indiana would be easier to get to.

The Viet-Nam veteran needs a clinic close to them because a lot of them are out of work and don't have the money to travel. The Vietnam vet also needs some place close to go for delayed stress syndrome, drug problems, agent orange screening and other problems that is confined to the Viet-Nam veteran alone.

The older World War II veterans have a hard time getting to Chicago because they don't drive and public transportation is hard to get. He has to depend on someone else to get him to Chicago and home again.

The Korean War Vet and Viet-Nam Vet that has to go to Chicago for a check-up or prescriptions has to lose a days work because of the time it takes to travel to Chicago and the time it takes to see a doctor. Many veterans that have an appointment have to wait hours to see a physician. After a physician is seen, the veteran then has to wait again to get a prescription filled.

Many VFW Service Officers drive thousands of miles and spend hundreds of hours at the VA hospitals a year, so that the veteran can get the care he needs.

If a veteran takes public transportation to the VA hospital, he has to make three or four transfers before he gets there. If he happens to be late for his appointment, then he might be told to come back tomorrow and does not get paid for one of his trips.

The need is great for an outpatient clinic in Northwest Indiana. Now is the time to get it done for the veterans who gave so much for their country and to keep it free.

PREPARED STATEMENT OF CHARLES F. NIXON, SENIOR VICE COMMANDER, VFW DISTRICT 2 AND COMMANDER, POST 7760, PORTAGE, IND.

I am reporting for the V.F.W. of district 2, which takes in Porter County, some of Newton, Jasper, Starke, Marshall, Pulaski, Fulton and Elkhart counties.

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son to drive in the over-loaded traffic. The bus and train service is
ll day to get in and out of Chicago and Maywood, Illinois. There is
vice in Northwestern Indiana.
ee by my enclosed map of Northwest Indiana that all highways
roads 30, 80, 94 and 90. From the south we have 421, 41, 2, 149, 35
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It is getting to the point where Indiana veterans can hardly get in
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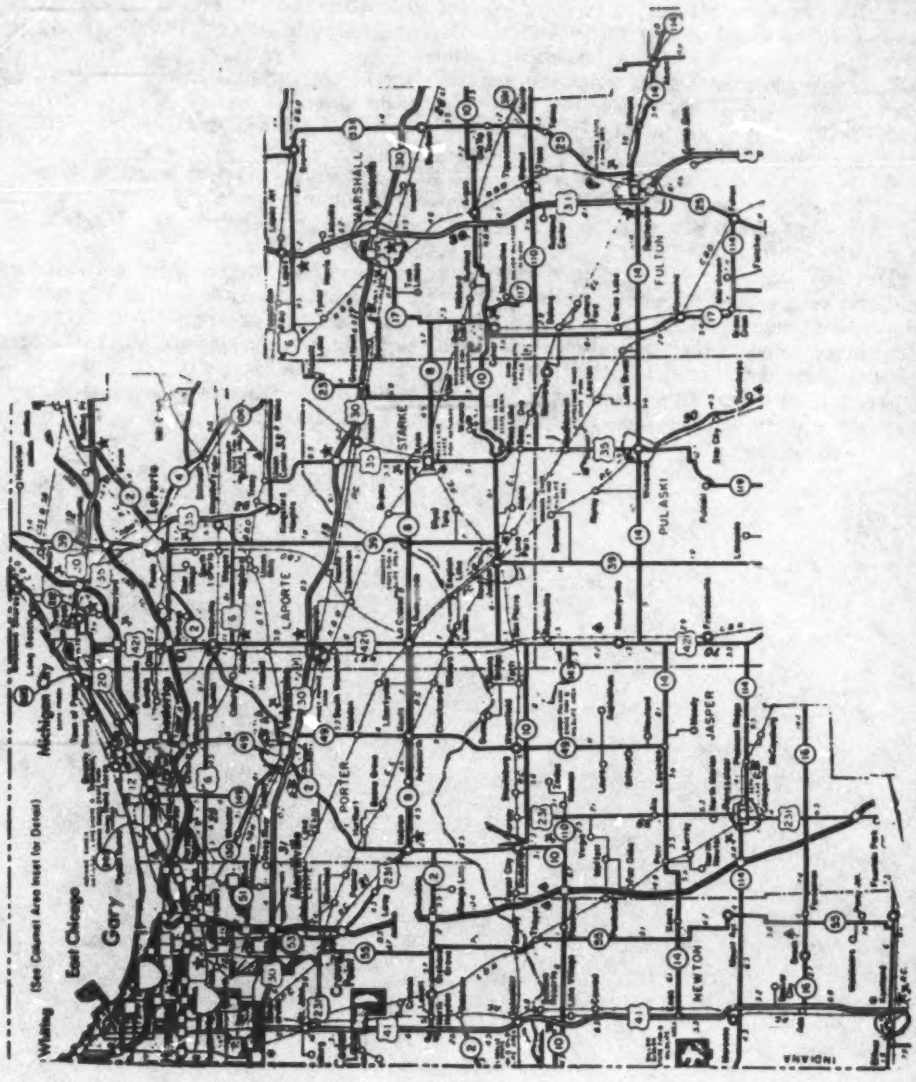
vill see that every vet will get to the clinic (free).



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PREPARED STATEMENT OF CLARENCE MINNIEAR, VFW DISTRICT II COMMANDER, LAFAYETTE, IND.

In response to your letter of November 6, 1981 regarding the hearing of the feasibility of locating a V.A. Outpatient Clinic in Northwest Indiana, may I advise the committee, with contacts having been made with many V.F.W. members, it is our desire that this Outpatient Clinic be located in this area.

The closeness of travel, the less expense to the veteran, and the congestion of traffic to go into Chicago makes us feel this location in Northwestern Indiana would be logical for us from this area of the state.

PREPARED STATEMENT OF KEITH BROWN, ALTERNATE NATIONAL EXECUTIVE COMMITTEEMAN, INDIANA, THE AMERICAN LEGION

During the last decade, the great industrial expansion, not only in the Calumet area, but in Porter and LaPorte Counties, has brought about a tremendous population explosion, due to the migration of workers from the southern and eastern areas of the country. With this influx has come the veterans of World War II, Korea as well as the Vietnam conflict. As a matter of fact, many communities, such as South Haven have a veteran population estimated to be nearly 50 percent—veterans, who as they advance in years are, of necessity, going to require some type of aid from the Veterans' Administration, according to the rules and entitlements set forth by that organization.

The membership of the second district, the American Legion, as well as the Indiana Department of the Legion are totally committed to the procurement of some type of outpatient clinic, which would alleviate the long waits at the VA facilities in the Chicago area, as well as the long drive, often in inclement weather which is so prevalent in this area. The counties of Porter, Jasper, Newton, and Stark of the second district would greatly benefit from the establishment of such a clinic—which we feel would only be a matter of good business practice:

(1) Eliminate the long drive for aging veterans, who would have to be accompanied.

(2) Save time and provide much earlier treatment or diagnosis of the individual case.

(3) Allow a more efficient utilization of the VA staff involved.

Mr. Chairman, the veterans organizations of this area feel that the early establishment of a VA outpatient center has been long overdue, and its presence is increasingly necessary as the months go by.

We of the American Legion, and speaking for all of the veterans of this area are most grateful to the subcommittee for giving of their time and energies to hear out testimony on this important matter.

PREPARED STATEMENT OF MAYBELLE FELLING, STATE SERVICE OFFICER, HAMMOND IND.

1. The D.A.V.'s purpose for needing an outpatient clinic for Northwest Indiana is the fact the distance to and from the nearest hospital and transportation, time consumed at the hospital which takes a full day and most of the veterans have no money, no transportation means and have to depend many times on friends, relatives, etc. There is no direct bus and if so this bus would have to be equipped with someone able to help the veteran due to their being very sick and unable to walk most of the time. The patient will spend all day waiting to be admitted, then after waiting all this time at the last minute they tell him to come back next week because they (the hospital) does not give a reason. There is no parking facilities only at Hines.

2. Many veterans need constant care even though they can stay at home. But at the Chicago hospitals the treatment is very limited, and if they are admitted it is only for a short time which in most cases is not enough. I myself have had to take veterans to the VA medical clinic at Marion, Indiana. I had to take one in a private ambulance at the expense of $300.00 to the family. Too numerous other veterans which had been refused at the Chicago Hospitals, I've had to take to Marion.

(NOTE.—This is the medical and not the mental part of Marion Hospital.)

3. Due to the fact that parking facilities are practically impossible only at Hines, the cars are ticketed at Lakeside and Westside and this presents another problem. The Chicago hospitals are overloaded with patients from the Chicago area and as usual the Northwest Indiana veterans are not taken care of, told to come back or

totally left out. some are advised to go to Indiana facilities regardless of their condition or financial status. When these veterans were in the war fighting they were not fighting for Indiana, they were fighting for this whole good old U.S.A. Then why now are they being discriminated against. This is so petty and uncalled for.

I have been a State Service Officer for the last fifteen years and it grieves and disgusts me when I take a veteran to a hospital and without any explanation of any sort, they say "Bring him back next week".

4. When veterans try to get their very expensive medication from Chicago they have to wait and sometimes they are just turned down. When we had the Vietnam bonus we were told that we would not have hardly any Vietnam veterans at all. It turned out that there were more Vietnam veterans in Northwest Indiana than any other portion of the state. I registered over four-hundred myself. So you see there is most definitely a dire need for a veterans' hospital in northwest Indiana!

PREPARED STATEMENT OF PEGGY BALUTIS, PRESIDENT, NAM VETS AND FAMILIES

Gentlemen, I, Peggy Balutis, President of Nam Vets and Families, am here today as spokeswoman not only for the over 23,000 Lake County Vietnam veterans but for veterans of all wars.

Nam Vets and Families is a self-help organization mainly for Vietnam veterans and their family members. Our meetings are held once a month at the Red Cross Building.

We run a hot-line out of our home and receive many calls from not only Vietnam veterans but also veterans of other wars. Just before the holiday, I took a call from a veteran who resides in San Francisco, California. He was visiting in northwest Indiana, had a service-connected disability and was in dire need of medication. This man was not able to drive himself and had absolutely no idea how to get to Chicago much less find a Veterans Administration Hospital.

To summarize, veterans traveling thru our area may not be able to find a medical facility in Chicago. Some feel they cannot afford at this time any loss of pay because of their families. Many are not working, have no transportation and no money to pay someone else for gasoline.

Vietnam veterans also should have the opportunity for agent orange testing. Many have not done so because they must travel to Chicago. Some say it is too late by the time they find a Veterans Administration Hospital.

I do not believe we can measure dollars and cents when we are talking mental anguish to veterans who must spend time away from their homes and families.

I believe our veterans are the backbone of our country and should have top priorities when we are discussing their health and well-being.

I wish at this time to make it explicit the fact that there has been no facility of any nature for veterans in Northwest Indiana for too long a time.

It appears that this region's money goes to Chicago and never returns and that we have been forgotten.

It is my belief as a Patriotic American that we, not only as human beings but God's Children, have neglected the men and women who without hesitation entered battlefields to preserve our democracy and America's freedom.

I strongly urge that an outpatient medical facility be opened and fully staffed in northwest Indiana as soon as possible. I wish to add that the outpatient clinic is a totally different facility than the Vietnam Veteran Counseling Center that we are trying to establish in our area.

PREPARED STATEMENT OF CALVIN E. GREEN, JR., MAYOR, HOBART, IND., AND CHAIRMAN OF THE TRANSPORTATION PLANNING COMMITTEE OF THE NORTHWESTERN INDIANA REGIONAL PLANNING COMMISSION

I am Calvin E. Green, Mayor of the City of Hobart and Secretary of the Northwestern Indiana Regional Planning Commission. I am speaking today on behalf of the Commission as Chairman of its Transportation Planning Committee. The Commission members number 35 and represent the cities, towns and the three counties of this region. Lake, Porter and LaPorte Counties contain over 750,000 people and include the majority of the veterans you are concerned with in today's hearing.

Transportation, whether mass transit or the expressway system, provides a valuable link to Chicago and its services. I'm here to tell you how far it actually is to Lakeside, Westside and Hines Veterans Hospitals in terms of miles, time and cost.

It is possible to travel to any one of the three veterans hospitals from northwest Indiana via public transportation or automobile. It is, however, inconvenient, costly

and time-consuming for an able-bodied person. It is much more difficult and exceedingly expensive for a disabled veteran. The treatment received at the hospital, and even the hours spent in the waiting rooms, can become secondary to having to make the trip.

Consider the round-trip from Hammond, the closest city in our region to Chicago. It takes from three to five hours on public transportation depending on which hospital one is traveling to. The South Shore Railroad is the major link to downtown Chicago from which other transit connections are made. To make those transfers, one must know exactly where and when to wait for the correct bus or train. On this end of the trip, public transportation provides some minimal connections. Other ways into Chicago include intercity bus, Amtrak and commuter bus operations.

Finding one's way around Chicago is difficult for the occasional traveler. A trip on public transportation must be planned in advance. Even then, expect some confusion. The Chicago Transit Authority route map one might have is guaranteed to be out of date, requiring a call to the CTA Travel Information Center to check on the massive, ever-changing network of routes, By the way, that will require a long distance call to Chicago at a cost of at least $1.25. The funding crisis facing the CTA will likely inconveninece your trip beginning with a staff reduction at the Travel Center. You'll either get a busy signal or be put on hold longer. Routes are being cut back or eliminated. There is a longer wait between buses and trains. The fares are the highest in the country, a dollar including a transfer. Many veterans are reluctant to attempt the uncertainty and discomfort of a train or bus ride to Chicago's loop and the confusion that can overwhelm a seldom user of buses and subways.

Is an automobile trip any less of a problem? Take note of Table I attached to this testimony. A round trip to Hines by car is 15 miles longer, takes two hours less and costs $16 more than public transit. That is at a conservative 30¢ per mile to operate an automobile. Parking is convenient at Hines. But if your destination is Westside, you may spend a minimum of 5 minutes circling the grounds searching for a place to park. There is a parking lot on the west adjacent to the hospital, but it is full by early morning. Parking meters are on the street at a cost of 25¢ per hour; maximum 2 hours before the meter has to be fed. Parking is also a problem at Lakeside Hospital. Though you are likely to find a place, it will be in a public garage at $5.00 for 3 hours. Add that to the cost of a 62 mile round-trip and you are spending $23.60.

What may be worst of all is having to drive to or from Chicago during the rush hour. The 1 hour 39 minute round-trip to Westside Hosptial (in good weather) from Hammond could easily become the time it takes for only one way. Much of that trip is on the Dan Ryan Expressway, notorious for accidents and delays.

Take what I have said so far, and double or triple the cost, the delay and the inconvenience for a handicapped veteran! The lower-cost public transportation alternative is virtually inaccessible to him. For him, the trip to any one of the three hospitals will probably have to be made by automobile or van. It is possible, however, to make the trip on public transportation. New cars are being purchased for the South Shore Railroad, with station renovations to follow, making that part of the trip accessible for handicapped. A few people in wheelchairs have ridden the train. But once off the train, there are few convenient or affordable alternatives to the hospitals. A taxi would provide door-to-door service, but at a rather high fare and is inaccessible to the severely disabled. The CTA has a dial-a-ride for the handicapped. It has a fleet of 24 new buses, 16 of which are lift-equipped. The service hours are from 6:30 a.m. to 9:30 p.m. at the same 90¢ fare as the regular service but 50¢ more than the discounted fare the handicapped pay on the regular service. That sounds like the perfect way to travel to any one of the hospitals. To be able to use the service one must register in advance. Only residents of Chicago are eligible. The Regional Transportation Authority has a similar service for the 6-county northeast Illinois area with similar residency requirements. How then is a disabled veteran from Indiana to travel in the Chicago area? There are private operators, "James Medicar" being one. (Again, the cost of a long-distance call.) Anyone is eligible; just give a 24-hour notice. The cost for a person in a wheelchair is $25.00 plus $1.00 per mile. The cost from the Randolph Street South Shore Station to Lakeside Hospital and back again, $54.00; to Hines and back, $72.00.

What an expensive and exhausting day a trip to one of the hospitals has become, especially for a disabled veteran. The tables attached to this testimony and the maps before you only begin to indicate the cost, distance and time it takes. We would like to show what we mean by taking you on a trip to the three hospitals.

Imagine having to make one of those trips often. The insecurity and frustration discourages one from receiving the proper medical care one needs. An entire day is spent on the venture, much of it in buses, trains, on street corners or in a traffic

jam. There has got to be a better way.

TABLE 1.—ROUND TRIP TRAVEL SUMMARY TO THREE VETERANS' HOSPITALS FROM NORTHWEST INDIANA (HAMMOND)

Hospital	Time	Distance	Cost [1]
VIA SOUTH SHORE, CTA, RTA NOV. 17, 1981			
Lakeside Veterans' Hospital	3:01	52	$8.65
Westside Veterans' Hospital	3:59	56	9.45
Hines Veterans' Hospital	4:48	71	9.45
VIA AUTOMOBILE NOV. 20, 1981			
Lakeside Veterans' Hospital	1:58	62	[2] 23.60
Westside Veterans' Hospital	1:39	61	18.30
Hines Veterans' Hospital	[3] 2:32	86	25.80

[1] For automobile, assumes 30 cents/mile.
[2] Includes 3 hour parking for $5 at Lakeside.
[3] Includes 22 minute delay on tollway.

TABLE 2.—TO LAKESIDE VETERANS' HOSPITAL VIA PUBLIC TRANSPORTATION

Trip segments	Time	Distance (miles)	Cost
Home to South Shore station (Hammond)	0:12	3	$0.90
Park the car			.65
Wait at station	:12		
Train ride to Randolph St.	:38	21	2.50
Walk to bus stop and wait at Michigan and Randolph	:10	([1])	
Bus No. 157 to Huron and Fairbanks	:13	1¼	.60
Walk to hospital and enter	:01	([2])	
Total to hospital	1:26	26	4.65
Exit hospital and walk to bus stop	:01	([2])	
Wait for bus	:05		
Bus No. 157 to Randolph St.	:09	1¼	.60
Walk to train station	:02	([1])	
Wait for train	:24		
Train ride to Hammond station	:38	21	2.50
Drive home (including RR. crossing delay)	:16	3	.90
Total from hospital	1:35	26	4.00
Round trip	3:01	52	8.65

[1] ⅛ block. [2] 1 block.

TABLE 3.—TO WEST SIDE VETERANS HOSPITAL VIA PUBLIC TRANSPORTATION

Trip segments	Time	Distance (miles)	Cost
Home to South Shore station (Hammond)	0:12	3	$0.90
Park the car			.65
Wait at station	0:12		
Train ride to Randolph St.	0:38	21	2.50
Train station to bus stop (Michigan and Washington)	0:02	([1])	
Wait for bus	0:01		
Bus No. 151 ride to Congress and Washington [3]	0:06	1	[3] 1.00
Walk from Wabash to Wells to transfer [2]	0:08	½	
Wait for bus	0:16		
Bus No. 37 to Polk and Damen	0:14	2½	([4])

TABLE 3.—TO WEST SIDE VETERANS HOSPITAL VIA PUBLIC TRANSPORTATION—Continued

Trip segments	Time	Distance (miles)	Cost
Walk to hospital and enter	0:02	(1)	
Total to hospital	1:51	28	5.05
Exit hospital and walk to bus stop	0:02	(1)	
Wait for bus	0:10		
Bus No. 37 to Madison and Wells to transfer	0:22	2½	[2] 1.00
Wait for bus at Wells and LaSalle	0:04		
Bus No. 16 to Michigan and Washington	0:07	½	(4)
Walk to train station	0:05	(5)	
Wait for train	0:24		
Train ride to Hammond station	0:38	21	2.50
Drive home (including RR. crossing delay)	0:16	3	.90
Total from hospital	2:08	28	4.40
Round trip	3:59	56	9.45

[1] 1 block.
[2] Unclear information from RTA Travel Information Center. Was not told there are 2 bus routes No. 151. Should have taken the one market "Union Station" instead of Congress.
[3] Including transfer.
[4] Transfer.
[5] 2 blocks.

TABLE 4.—TO HINES VETERANS HOSPITAL VIA PUBLIC TRANSPORTATION

Trip segments	Time	Distance (miles)	Cost
Home to South Shore station (Hammond)	0:12	3	$0.90
Park the car			.65
Wait at station	0:12		
Train ride to Randolph St.	0:38	21	2.50
Walk to subway station (Daley Center and Dearborn St.)	0:10	(1)	
Pay fare and wait for train	0:13		[2] 1.00
Train ride to DesPlaines station	0:25	9	
Wait for RTA bus	0:13		
Bus No. 308 to Hines outpatient building	0:13	2	(3)
Walk to building and enter	0:02	(4)	
Total to hospital	2:18	35½	5.05
Exit hospital, walk to bus stop	0:02	(4)	
Wait for RTA bus	0:15		
Ride to DesPlaines station	0:13	2	[2] 1.00
Wait for train	0:06		
Train ride for Monroe/Madison station	0:22		(3)
Walk to Randolph St. station	0:14	(5)	
Wait for train	0:24		
Train ride to Hammond station	0:38	21	2.50
Drive home (including RR. crossing delay)	0:16	3	90
Total from hospital	2:30	35½	4.40
Round trip	04:48	71	9.45

[1] 3½ blocks. [2] Including transfer. [3] Transfer. [4] 1 block. [5] 5½ blocks.

TABLE 5.—ROUND TRIP TRAVEL TO 3 VETERANS' HOSPITALS FROM SELECTED COMMUNITIES IN NORTHWEST INDIANA

	Via public transportation [1]			Via automobile		
	Time	Distance (miles)	Cost	Time	Distance (miles)	Cost [2]
To Lakeside Veterans' Hospital						
Cedar Lake	4:25	90	$20.05	2:58	98	[3] $34.40
Gary	3:19	72	9.65	2:38	82	[3] 29.60
Portage	3:35	88	10.65	3:28	96	[3] 33.80
Michigan City	4:37	122	12.15	4:12	115	[3] 39.50
Demotte	4:39	132	27.65	4:58	142	[3] 47.60
South Bend	6:01	186	19.65	5:58	206	[4] 68.20
To West Side Veterans' Hospital						
Cedar Lake	5:23	94	20.25	2:39	97	29.10
Gary	4:17	76	10.45	2:19	81	24.30
Portage	4:51	92	11.45	3:09	95	28.50
Michigan City	5:35	126	12.95	3:53	114	34.20
Demotte	5:37	136	28.45	4:39	141	42.30
South Bend	6:59	190	20.45	5:39	205	[4] 67.90
To Hines Veterans' Hospital						
Cedar Lake	6:12	109	20.25	3:32	122	[5] 38.40
Gary	5:06	91	10.45	3:12	106	[5] 33.60
Portage	5:40	107	11.45	4:02	120	[5] 37.80
Michigan City	6:24	141	12.95	4:10	139	[5] 43.50
Demotte	6:26	151	28.45	4:32	166	[5] 51.60
South Bend	7:48	205	20.45	5:32	230	[4] 73.80

[1] Via South Shore RR. and CTA. Drive and park at train station.
[2] Automobile cost 30¢ per mile.
[3] Includes parking at garage.
[4] Via Indiana Toll Road.
[5] Via Tri-State Tollway.

TABLE 6.—*Highway miles to West Side Veterans' Hospital from selected cities*

Whiting, Ind	19
Hammond	32
Gary	41
Hobart	44
Crown Point	47
Portage	48
Valparaiso	53
Michigan City	57
Hebron	61
Lowell	66
La Porte	67
Demotte	72
Plymouth	95
South Bend	102
Harvey, Ill	26
Park Forest	36
Kankakee	62

MAP 1a

PUBLIC TRANSIT AND HIGHWAY TRAVEL TO LAKESIDE VETERANS' HOSPITAL

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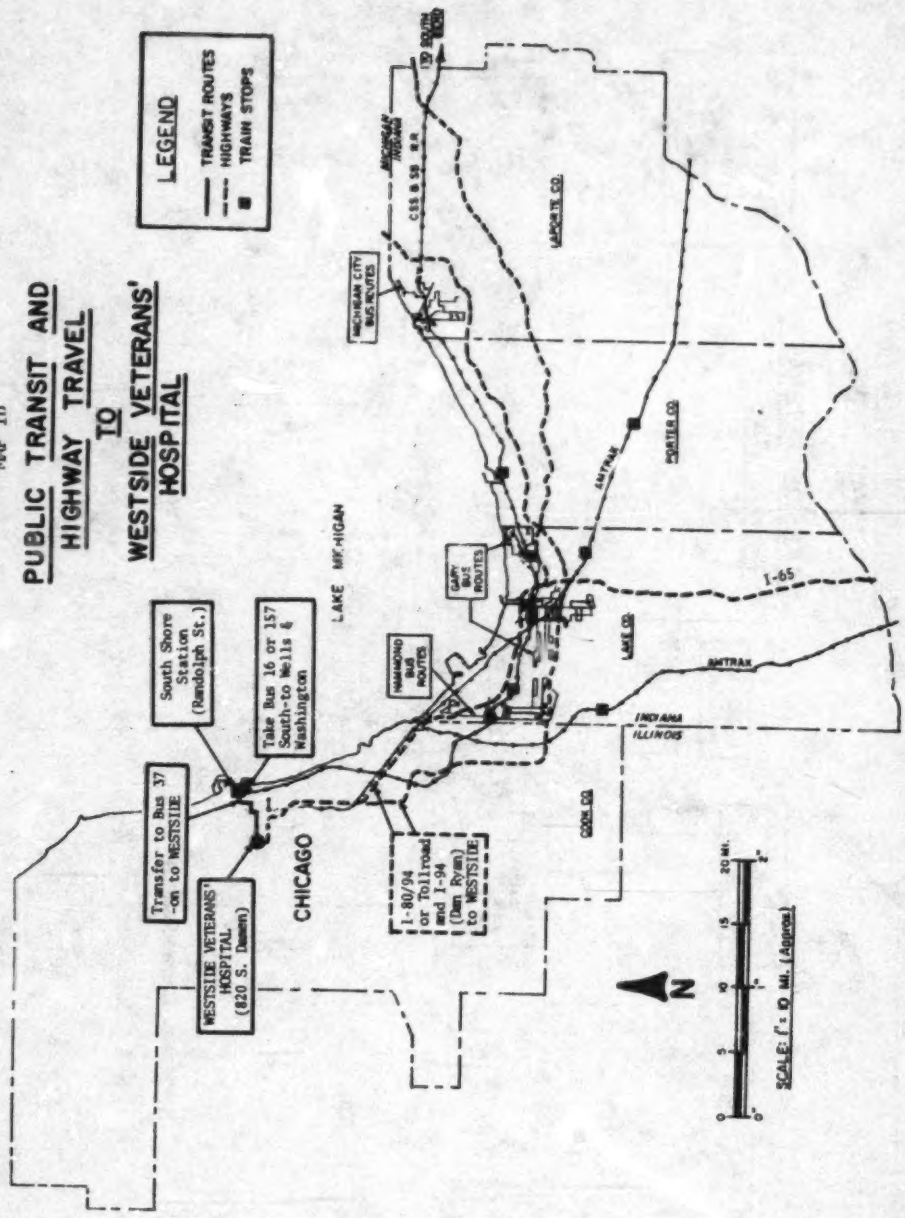
MAP 1b

PUBLIC TRANSIT AND HIGHWAY TRAVEL TO WESTSIDE VETERANS' HOSPITAL



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MAP 1c

PUBLIC TRANSIT AND HIGHWAY TRAVEL TO HINES VETERANS' HOSPITAL

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MAP 2

DISTANCE* TO CHICAGO FROM NORTHWEST INDIANA

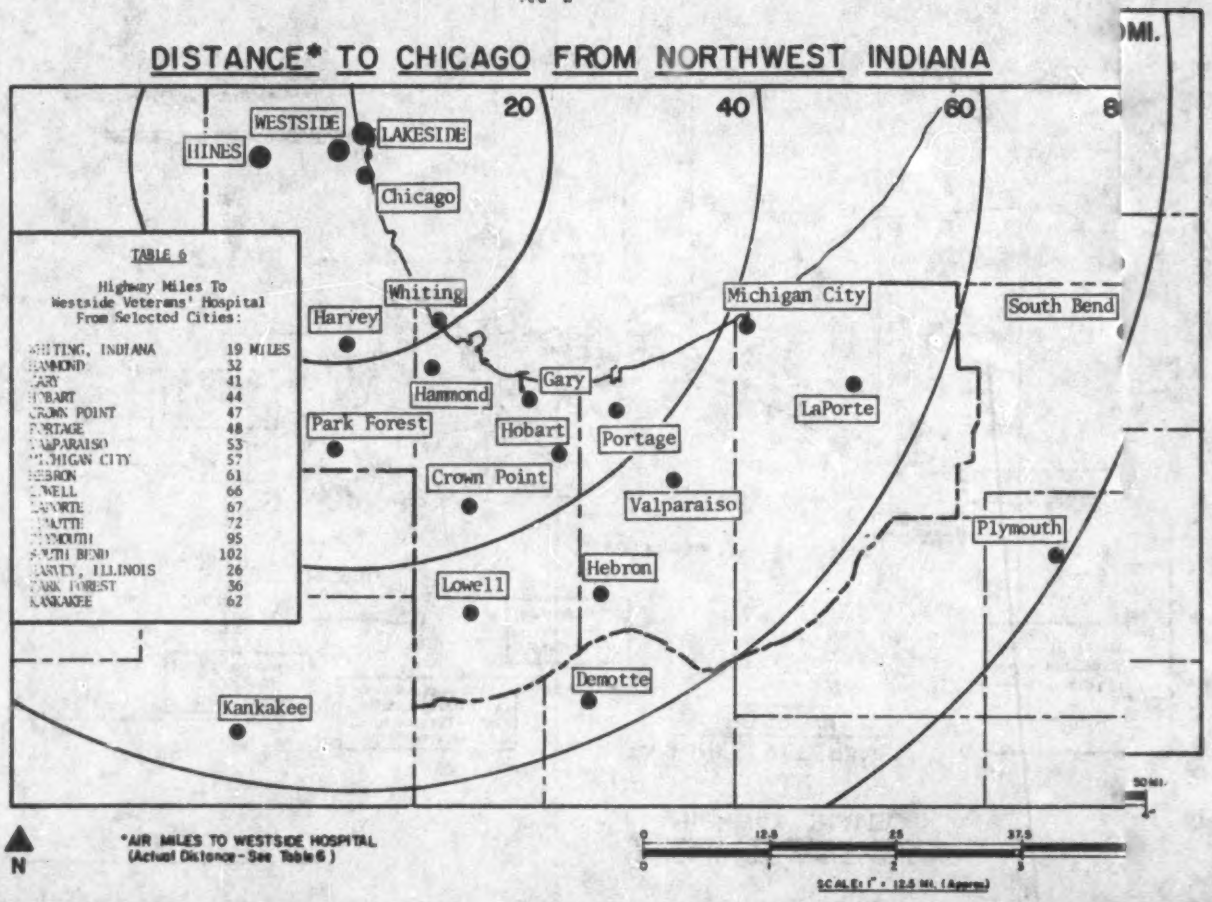

TABLE 6

Highway Miles To
Westside Veterans' Hospital
From Selected Cities:

WHITING, INDIANA	19 MILES
HAMMOND	32
GARY	41
HOBART	44
CROWN POINT	47
PORTAGE	48
VALPARAISO	53
MICHIGAN CITY	57
HEBRON	61
LOWELL	66
LAPORTE	67
LAFAYETTE	72
PLYMOUTH	95
SOUTH BEND	102
CHICAGO, ILLINOIS	26
PARK FOREST	36
KANKAKEE	62

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PREPARED STATEMENT OF KIPTON KAPLAN, EXECUTIVE DIRECTOR, NORTHERN INDIANA HEALTH SYSTEMS AGENCY, INC.

The Northern Indiana Health Systems Agency, Inc. (NIHSA) is the designated health planning agency for northern Indiana and is responsible for determining the health needs of the area in cooperation with area health care providers and the community. Federal health care facilities fall outside the purview of the health systems agency. However, NIHSA is pleased to have this opportunity to testify regarding the need for, and feasibility of locating a Veterans' Administration outpatient clinic in northwest Indiana.

The primary issue we will address is the availability of and access to services for the veterans of northwest Indiana. In the six county area served by Chicago area Veterans' Administration hospitals and clinics there are nearly 115,000 veterans, comprising 14 percent of the northwest Indiana population.

The veteran population of northwest Indiana is confronted with several barriers to access of the services available at Chicago VA facilities. These include the distance and travel time involved, inadequate public transportation, and insufficient travel reimbursement. The distances that northwest Indiana veterans must travel to Chicago VA facilities range from a distance of 30 miles to 125 miles. Travel times range between one hour to as much as 2½ hours. If public transportation, which is not readily available, is utilized travel time is even lengthier due to waiting time and transfers. For disabled veterans, to whom VA services are primarily directed, and for elderly veterans these problems are magnified.

One of the goals the National Health Planning and Resources Development Act is directed at is improved access to health care services. Under the National Guidelines for Health Planning issued by the Secretary of Health and Human Services this goal is stated as follows:

"Every person should have access to the full range of health care services. Equal access to needed health care services for all population subgroups should be fostered through the elimination of financial, physical, geographic, organizational, and other barriers unrelated to the need for care."

A factor related to the achievement of adequate access to services is the aging of the veteran population. The relationship is twofold in that the elderly generally experience greater difficulty in traveling and have increasing needs for health care. Thirty-nine percent of northwest Indiana veterans served in World War II and are aged 55 years and over. Among the general population, twenty percent are aged 55 or more years. An additional 15 percent of the veterans served in the Korean War. Combined the veterans of the second world war and Korea comprise 54 percent of all northwest Indiana veterans.

As the veteran population ages one can expect that greater demands will be placed on available health care services. Among the general population those aged 65 and over average 6.6 visits per person per year to a physician, while persons under age 65 average 5.1 visits. Persons aged 65 and over utilize the services of short stay hospitals more frequently and for longer periods of time than other age groups. The rate of hospitalization, the number of days of hospitalization per 1,000 persons, and the average length of stay all increase with age. For example, the elderly comprise 10 percent of the general population but are responsible for 36 percent of all patient days and nearly 27 percent of all patient discharges. In 1980 those aged 65 and over in northwest Indiana had an average length of stay of 11.6 days compared to 7.6 days for those under age 65.

Interrelated to the physical health needs of the elderly are their mental health needs. In contrast to their utilization of medical and hospital services, the elderly do not receive adequate mental health services. For example, while the elderly constitute 10 percent of the total population they receive only 2 percent of the total outpatient psychiatric services.

In conclusion, NIHSA has supported the development of outpatient programs as a cost effective alternative to inpatient hospital care and as a means for improving access to needed health care services. Some alternatives for your consideration to meet the needs of northwest Indiana veterans are as follows:

Improving transportation services to the existing VA facilities in Chicago;

Designing an outpatient program and contracting with existing clinics, hospitals, and mental health centers in northwest Indiana to provide services;

Developing a free standing outpatient facility that is easily accessible to serve the needs of northwest Indiana veterans.

The Northern Indiana Health Systems Agency offers its assistance to the Veterans' Affairs Committee to further examine these and other alternatives for meeting the needs that exist.

Prepared Statement of Barbara Lambert, Northwest Indiana Chapter, American Red Cross

Veterans of Northwest Indiana who seek surgical or medical care from a VA hospital are required to travel into Chicago or beyond for treatment. The VA outpatient clinic at Westside Hospital, Lakeside Hospital and Hines VA Hospital are the ones most frequently used by veterans from the Northwest Indiana area.

The veteran can expect no reimbursement from VA for travel expenses if appointments are not previously established in advance. For the veteran who receives reimbursement it does not begin to adequately compensate for the cost involved. VA mileage reimbursement is eleven cents (11¢) a mile, South Shore tickets and CTA reimbursement totals $6.00. The cost of a one-way ticket on the South Shore is $4.50. The veterans who drive face a $4.50 parking meter fee, if they arrive early enough to secure meter space. Otherwise, parking lots are the alternative and the meter and lot fees are not reimbursed by VA. This does not begin to cover the extra expenses faced by the veteran in toll fees and funds for a meal. If a veteran seeks immediate emergency medical treatment he faces—extensive travel cost, loss of wages and time, the frustration of long waits at the existing VA outpatient clinics in Chicago, and several changes of transportation mode if utilizing public transportation, in addition without previously made appointments the veteran receives no reimbursement for travel expenses.

The Northwest Indiana Chapter of the American Red Cross under federal statute acts as an agency of relief and communication for members of the armed forces. Thus chapters are morally committed as an advocate to the veterans, their families and survivors in providing assistance in applying for federal and state benefits, facilitating appointments at a VA hospital and assisting with meeting financial needs to keep those appointments. Specifically this chapter responds financially to veterans who are without alternative financial means to keep an appointment at a VA hospital. This is accomplished by providing funds to purchase South Shore tickets, gasoline for the auto trip, toll and parking fees and funds for a meal. As has been previously stated the veterans who must seek immediate medical care and are without alternative financial means must look to the Red Cross for financial assistance.

Over the years the federal government has recognized and increased their responsibility for the welfare of the veteran disabled or otherwise and has provided an array of benefits for which the veteran may apply or utilize.

It is the hope of this chapter that the government will continue to be responsible to the plight of the veterans in Northwest Indiana those who are disabled due to service-connected disabilities, those disabled due to nonservice-connected disabilities or the veterans who find themselves in the situation of no available alternative medical care. All veterans whatever their circumstances deserve not facing the difficulties encountered by public transportation, long waits at now existing VA facilities, or loss of a whole days wages to receive medical treatment.

Prepared Statement of Jesse Rogers, World War II Veteran

I, Jesse Rogers, World War II veteran and commander of V.F.W. Post 2151 located in the city of Gary, Ind., have been an active member of the V.F.W. for the past 33 years.

I am an inpatient and outpatient at the VA Lakeside Hospital and was first admitted to these facilities in 1963. I was confined there for 3 months and since that time I have been on outpatient basis. I can assure you the care, once in the hospital, was good (in any institution, there will be some complaints). However, once you are an outpatient, your problems begin. To the doctor, you are a number to be checked by different doctors every visit in most cases. Also, records are reversed to accommodate friends. Indiana residents have a slim chance to get to know the nurses and aides on an outpatient basis. Illinois residents live among these people and they can better get favors—reason: Neighbors and friends working there are friends of them.

As a commander for the past 11 years, it has been one hassle after another trying to get veterans to and from the VA hospital with no finances to work with. In the post which I am commander, there are over 300 members and 80 percent are World War II veterans—age 55 and over. My trips to the VA hospital, including my personal appointments and other veterans make at least 6 or 7 visits a month and each

visit is a day lost from work. the expense for 1 day is $40.00 to $50.00 lost in wages plus the wear and tare on your car, parking, gas, and lunch, makes your gross loss approximately $75.00 to $80.00

Mental frustration is another problem, namely the long waiting, then being treated like you are a child by someone younger than your baby child.

I have no experience with public transportation, only information from some who have tried it. The mental anguish in fighting the traffic is unbelievable. The most frustrating case in memory is Comrade Willis who had to go to Chicago three times a week to be put on the kidney machine (there was no room in his home to put the machine). The last trip through traffic and the long ride he died in the car at the hospital door.

Our Congressman, we know everyone wants something. We are expressing a great and dire need for an outpatient clinic in northwest Indiana with these expressions of our predicament to this committee.

PREPARED STATEMENT OF C. ROBERT TRAVES, SERVICE OFFICER

This is to involve Lake, Porter, La Porte, Newton, and Jasper counties.

As a Service Officer the past few years, I have found it to be quite discouraging to make use of our Veterans' Hospitals because of various reasons that I will try to list:

1. The transportation problem is our greatest hazard because of the major big city of Chicago traffic. I myself suffered a $1,300 car accident in heavy traffic, having left Lakeside just ten minutes before, after a three minute ultraviolet treatment.

Hines Hospital is 55 miles west of Chicago, and an hour and fifteen to an extra fifteen, depending on traffic flow, using a $2.40 round trip toll road. Downtown Chicago has Lakeside, and a few miles away to Westside, both about fifty miles away, and the same driving time, but on a very heavy and congested four lane highway. By automobile is the only way possible to get to any of our hospitals, as there is not any other possible way to get there.

2. The wait at any of the hospitals is nerve-racking, and it can be an hour to two hours bare minimum, to get in to see the first doctor for examination. Having an appointment card is bad enough, especially if blood, urine, X-ray, E.K.G. tests are to be taken, before seeing the doctor, and then the hour or more at the pharmacy to have prescriptions filled. I have had patients called back within a day or so because of bad outcome of tests and X-rays, and this also is an added burden. To get a person in for the first time, and to take them around the various sections for the tests, in such large, spread out hospitals, is tiring to all concerned, and more so if the S.O. has to take in more than one patient. I try to go into the examining room with my people when we first go in to see a doctor, just to make sure that all symptoms are discussed, not that I don't trust the doctor but my people seem to downgrade their illness when talking to a strange doctor, and I make sure to bring out what the family has told me, so the doctor can have all the facts.

I would like to, at any time, take any one (or group) of the Congress on a visit to Chicago for the day, to show the working of getting a person in for either a serious illness, or as an out-patient through the clinics.

3. A good share of our doctors are interns, and changed every four or six months, so that any one that goes to clinic over a long period of time, goes over the same procedure every time a change comes through, and at times a medicine doesn't have time to work before it is changed to something else.

4. The giving if what is generally a full day, by S.O. and patient alike, is the hardest to take, and as is happening the last ten or eleven years, the taking off of full days, for those holding jobs, is not an easy task while trying to hold on to that job. Why not use the company insurance? Most of our problems are showing up to be in some way due to service, and taking the past fifteen or so years to show up, and we need all the available VA equipment to keep up with us. I am speaking as a WW II Veteran with 28 months of S. Pacific duty, and found that my health records didn't list some of my problems, so that is why I am trying to help others in like situations.

5. I have had people with their own small business (a shoe cobbler for one) having to work nights after coming home from hospital, to make up for loss of a day, in order to get the work out, and this is an undue hardship.

I would like to close on why I think we need an out-patient clinic, when we are so close to the three major VA hospitals in Chicago—Hines, Westside, and Lakeside.

We have no ambulance service in our area for under $100 and it is more like $125 in a 50-mile radius, and I find this an impossible factor in the care of my veterans. I

have wheelchair patients that find it next to impossible to get in for attention, and combining this with the other four counties a 5-county out-patient clinic, with ambulance, wheelchair transport, and a small passenger bus, would help us to bring in and treat, or provide direct emergency and hospital care in one of our three Chicago VA hospitals.

PREPARED STATEMENT OF JOHN SECZEPANSKI, DISABLED VETERANS SPECIALIST

Mr. Chairman and members of the Subcommittee, I am priviledged to appear before you today in my capacity as a Disabled Veterans Specialist under the Disabled Veterans Outreach Program and as a veteran of the Viet-Nam war. I am presently employed by the Indiana State Employment Service in their Hammond, Indiana office. As a Disabled Veterans Specialist, my primary responsibility is to meet the employment needs of eligible veterans with a special preference to the disabled veterans of the Vietnam era.

My presentation will cover two specific areas: initially I will cite the unemployment rates for various age groups for veterans of the Vietnam era who reside in Lake, Porter and La Porte counties and draw some conclusions based upon these rates. Secondly, I will offer a specific example, that of Agent Orange, which would lend itself most effectively to an outpatient clinic environment.

The combined labor force of Lake, Porter and La Porte counties for the veterans of the Vietnam era in 1980 was 32,100. Of this number, 2,780 or 8 percent unemployed. By August 1981 the unemployment rate for these veterans of all ages is 6.8 percent which was higher than the national rate of 5.1 percent and slightly higher than the Indiana rate of 6.2 percent. The unemployment rate for this same group of veterans between the age of 25–29 was 11.7 percent compared with the national rate of 8.5 percent and the Indiana rate of 10.3 percent. Furthermore, for the age group between 30–34 the rate was 6.4 percent compared with the national rate of 4.8 percent and the Indiana rate of 5.8 percent. The above cited unemployment rates were higher for the veterans of the Vietnam era between the ages of 25–34 who reside within this three county area than both the national and state rates for August of 1981 (see attached).

The veterans of the Vietnam era have been unemployed and underemployed both during and after the Vietnam conflict. The veterans who have not established themselves in the job market and especially disabled veterans are forced by circumstance to look to the VA hospitals for medical care. Yet these veterans are unable to afford the expense of traveling to a VA facility in either Indianapolis or Chicago. Moreover, the veterans of the Vietnam era who have established themselves in the job market but are laid off face a similar situation: extended layoffs mean the termination of their company derived medical benefits. These veterans are also forced to turn to the VA for medical care but are now without the financial resources to afford the expense of traveling to either Indianapolis or Chicago for that medical care. This problem could be solved by establishing an outpatient clinic within Northwest Indiana.

The issue of agent orange contamination among Vietnam veterans has become a volatile matter within the VA. Vietnam veterans who want to be tested for agent orange must travel to Hines VA hospital if they want to be tested. The various tests administered take approximately six hours or longer, depending upon the number of veterans of the facility. In most cases, at least one day of work is lost. However, if the attending physician wants further testing he or she will request that the veteran return, if possible, the following day. In some instances veterans spend three consecutive days in testing which means a loss up to three days wages combined with the gasoline expense ($1.30 per gallon) and tollway fares of $2.30 per round trip. The tests for agent orange are not unusual and therefore could be administered at an outpatient clinic in northwest Indiana. I am sure that the continued research into this problem will warrant many followups to the initial testing evaluation. The establishment of an outpatient clinic within Northwest Indiana would lessen the cost of travel pay reimbursement to the VA: alleviate a portion of the lost wages of employed veterans and also reduce the flow of Vietnam veterans into the Hines Hospital.

In conclusion, I want to point out that most Vietnam veterans have already discovered that the VA has a less than sensitive ear for their problems and therefore are less likely to travel to Chicago or Indianapolis for medical care. This was part of the reasoning for the establishment of the Vet Centers throughout the United States. The closest Vet Center is located on Roosevelt Road in Chicago. It is also common knowledge that a Vietnam veteran could not only be suffering from the

effects of post traumatic syndrome but also have been exposed to agent orange. As I stated above, testing for agent orange is administered at Hines hospital. So potentially what we have is a percentage of Vietnam veterans who have been unemployed, underemployed or laid off with little if any financial resources to draw who if they are suffering the effects of post stress syndrome and concerned about exposure to agent orange traveling not only between Northwest Indiana and Chicago, but also traveling between Northwest Indiana and two different sites within Chicago.

The establishment of an outpatient clinic within Northwest Indiana might be interpreted as a good faith gesture by the Veterans Administration to bury the hatchet between itself and Vietnam vets.

VIETNAM-ERA VETERANS

	Lake County	Porter County
Population (Mar. 31, 1979)	24,150	4,850
Labor force (1980)	22,980	4,620
Employment	20,870	4,280
Unemployment	2,110	340
Rate	9.2	7.3

VIETNAM VETERANS UNEMPLOYMENT RATES, AUGUST 1981

[Not seasonally adjusted]

	All ages	Age 25 to 29	Age 30 to 34
United States	5.1	8.5	4.8
Indiana	6.2	10.3	5.8
Lake County	7.6	12.8	7.2
Porter County	5.7	9.5	5.3

Source: Unemployment Rates—BLS employment and earnings. Derived figures using U.S. VEV rates divided by total U.S. rate and these ratios applied to area total unemployment rates. Population—Veterans' Administration.

ESARS TABLE 1630—ACTIVE APPLICANT CHARACTERISTICS

	Vietnam veterans	All veterans	Handicapped veterans
County:			
Lake	1,343	3,346	272
Porter	130	300	35

Source: Employment Service automated reporting system. These numbers represent only those persons who were in "active" status with the Employment Service as of the last day in August 1981.

VIETNAM-ERA VETERANS

	La Porte County	Lake County	Porter County	Total
Population (Mar. 31, 1979)	4,730	24,150	4,850	33,730
Labor force (1980)	4,500	22,980	4,620	.....
Employment	4,170	20,870	4,280	.....
Unemployment	330	2,110	340	.....
Unemployment rate	7.3	9.2	7.3	.....

Source: Population—Veterans' Administration. Labor force—Labor Market Review for Indiana and balance of State, IESD.

VIETNAM VETERANS UNEMPLOYMENT RATES, AUGUST 1981

[Not seasonally adjusted]

	All ages	Age 25 to 29	Age 30 to 34
United States	5.1	8.5	4.8
Indiana	6.2	10.3	5.8
La Porte County	7.2	11.9	6.7

Source: Employment and Earnings BLS (U.S. VEV rates) and Labor Force Estimates, IESD. Derived figures using U.S. VEV rates divided by total U.S. rate and these ratios applied to area total unemployment rates.

ACTIVE APPLICANT CHARACTERISTICS

	Vietnam veterans	All veterans	Handicapped veterans
La Porte County	326	736	91

Source: Employment Service automated reporting system (ESARS)—table 1630. These numbers represent only those persons who were in "active" status with the Employment Service as of the last day in August 1981.

PREPARED STATEMENT OF JAMES R. OWENS, WORLD WAR II VETERAN

My name is James R. Owens. I reside at 9546 Manor Drive, Highland, Indiana. As a veteran of World War II, I was wounded on Guam in the Pacific Theatre on July 21, 1944. I was hospitalized from this date to June 1, 1946. Most of this hospitalization time was spent in the U.S. Naval Hospital, San Diego, California.

After discharge, I eventually returned to my home in Southern Indiana near Evansville. I was treated by a civilian doctor in Evansville for about three years through authorization of the V.A. I was hospitalized twice at Marion, Illinois.

I resided in Clinton County, Indiana, for ten years. While there I was hospitalized once in the V.A. Hospital in Indianapolis and received out-patient treatment there.

Since moving to Highland, Indiana, in 1963, I have been receiving out-patient treatment at West Side V.A. Hospital in Chicago and Lakeside V.A. Hospital in Chicago. I have gone for out-patient treatment at these two facilities for the past seven years, averaging six to seven visits per year. Each time I visit these facilities I miss one day's work. This time off work eventually costs me. Missing work is just one of the inconveniences that occurs from these visits. I would probably visit the out-patient clinic more often if one were nearer.

I use my own car for transportation and my wife usually accompanies me as I have at times been unable to drive myself home. This causes her to lose a day and have to sit and wait for me, although she has never complained. The public transportation system from Highland to the clinics is unreliable and would require at least twice the time it takes to travel by car. The average amount of miles from my home to the clinic is thirty miles. It takes an hour or more to make the trip if I take the Skyway which costs a dollar each way. When I take the Borman to the Calumet Expressway to the Dan Ryan, it has taken as long as two hours and much gasoline is used sitting in traffic on the Dan Ryan. It costs approximately $10.50 to make the round trip (including gasoline, Skyway toll and parking). My travel reimbursement amounts to $5.50 if I am finished with examinations and treatment before the disbursing office is closed. Then I receive nothing.

The waiting time to be seen by a doctor ranges from one to three hours and at times as many as five when special diagnostic work is needed plus consultation. I have arrived at the V.A. Clinic at 8:30 a.m. and did not get away before 4:30 p.m.

The average time I spend with physicians varies; I would say the average is 21–40 minutes. The average time spent for treatment unattended by a physician is 21–40 minutes. The doctors and nurses are treatimg me for high blood pressure, heart disease, arthritis and osteomyelitis. The necessary drugs and medicine are dispensed at the V.A. Pharmacy. There are long waits of from two to five hours for prescriptions to be filled.

There have been times when my physical condition would not permit me to make the trip into Chicago and I was attended and treated by a private physician at the Whiting Clinic in Hammond, Indiana, which is only fifteen minutes from my home. An office call costs $22.00 per trip plus extra for X-rays, lab work, E.K.G.'s or any

treatment required. It has cost me approximately $134.00 for private clinic fees during 1981.

I have conversed with out-patients at the V.A. Clinics in Chicago who had traveled from as far away as Elkhart, Indiana, and South Bend, Indiana. When a person is ill and has to arise as early at 2:30 to 3:00 a.m. and travel seventy-five to one hundred miles to be attended by a physician and must wait more hours for treatment and diagnostic procedures, it would seem to me to be sufficient reason to warrant a V.A. out-patient clinic in Northwest Indiana.

PREPARED STATEMENT OF MICHAEL NOBLES, VIETNAM VETERAN

My name is Michael Nobles, and I live at 1001 West Tenth Street, Hobart, Indiana. I served in Viet Nam from 1965 to 1966 as a medic with the 25th division.

I have been a patient at Hines V.A. Hospital for about the past 18 months. I originally went to Hines with a neurological problem stemming from an auto accident. I have been admitted three different times over the above mentioned period of time. When I went to Hines originally, it was because I had exhasted all my financial means to obtain medical help. I don't think that I will ever forget my first visit to Hines. I had to be driven to the hospital in severe pain, and spent the major part of six hours, after a two hour drive, to be seen by a general physician. After the exam I was referred to the neurosurgery department. That appointment took place several days later which meant another ride home and back in severe pain, which worsened with each bump in the long road between Hobart and Hines. Upon return I was admitted and stayed for a number of weeks. During this time it was very hard for my wife to make it up to visit because of the expense of the trip back and forth. Being a medic in the Army I know enough to say that the better mental state a patient is in, the faster he will be on the road to recovery. Being in a large place with no contact with your family for long periods of time does very little to keep any one's spirits up.

Being a patient in Hines, I had contact with a lot of the patients there. Some of them had to drive from as far as Fort Wayne, Indiana to get medical help. There were a lot of Vets there for drug abuse and alcohol abuse. I think it's great that some of these Vets are finally getting help. Some of them started drinking and shooting dope as soon as they got to Viet Nam and never stopped. I think it's a shame that a drug addict or alcholic has to drive 50 miles or more, for help. If they are killed on the roads and don't make it to the hospital because of having hallucinations, or delirium tremes, the cost saved by not having to treat them can help defer the cost of putting a center closer to home. How many severe accidents or casualties does it cost to build a center?

At the present time I am going to the mental hygiene clinic at Hines once a week for therapy, to treat post traumatic stress, accompanied with flashbacks and depression. There are a lot of Vets in the area with similar problems, and the number is increasing greatly on a weekly basis. The United States owes the Veterans of Viet Nam the medical treatment that they are becoming more and more in need of. Some times there isn't time to make that two hour trip for psychiatric help. Let's face it, people who go to the Vet hospitals don't usually complain too much about the treatment that they get there. Their complaint is the length of time it takes to get there and the length of time they have to wait to get treatment once they do get there. A Vet medical center in this area would help the Vet get the medical care needed much faster, and make it so the conditions in the major Vet hospitals wouldn't be quite so over crowded.

How much pain and suffering, and how many suicides, traffic accidents, and traffic deaths will it cost to put a center closer?

PREPARED STATEMENT OF JULIUS BOZETARNIK, DISABLED VETERAN

My name is Julius Bozetarnik and I reside at 1643 No. Indiana Ave., Griffith, Indiana. I have been a Disabled Vet for the past 25 years and have been treated at the West Side V.A. Hospital for the past 24 years.

I would at this time like to bring to the attention of this committee some problems that we veterans have in traveling to Chicago's West Side Hospital. I am a Diabetic, who has to travel, at least once a month to have prefast blood sugar, a Pro time done, as I am taking Cummadin, a blood thinner, and also a Urinalysis. This means I have to arise at 5:00 a.m., shower and leave for the hospital before 6:00 a.m. to assure myself a decent parking place near the hospital. If I arrive after 7:00 a.m. it means I have to use one of the parking meter spots that the City of Chicago has

so conveniently set up around the hospital. This means that every hour, winter or summer we have to run out and put another 25 cents in the meter (which the hospital will not reimburse us for). This can add up to quite an amount if you happen to have an afternoon clinic.

Which brings me to another point. If we have a morning and afternoon appointments, we were given a noon meal ticket, but as of the 1st of October this practice has been discontinued. I generally try to make my Diabetic clinic, and my P.V. clinic, or my hand clinic, or my Dermatology clinics the same day, saving me an extra trip to the hospital. All but my Diabetic clinic, are all held in the afternoon. When I schedule my other clinics the same day, I save the Government $6.82 in travel expenses, and can't get a lousy $2.50 for lunch.

Also if my afternoon clinic ties me up past 4:30 p.m., then the travel office is closed and I can't collect my travel allowance. All of the above can be alleviated if a V.A. facility were to be built in Northwest Indiana.

It would save a lot of money for the Government in travel expenses, and also save us Veterans aggravations and wasted time to have a closer facility near home.

Prepared Statement of Hon. John P. Hiler, A Representative in Congress From the State of Indiana

My purpose in testifying today is to convey my support for a VA outpatient clinic in South Bend, Indiana.

There are 67,090 veterans in the Third Congressional District. Last year, 2,017 veterans received outpatient care from a VA facility; 743, or 36.8 percent of these services were administered by the outpatient clinics in Chicago, which include the facilities at Lakeside, Westside, North Chicago and Hines. While there has been virtually no criticism of the medical treatment received in the Chicago hospitals, transportation to the hospitals is a problem.

Public transportation to Chicago from northwest Indiana is severely limited. Driving can be both expensive and impractical; parking is a major problem, and travel reimbursement does not cover the actual costs which include highway tolls and parking fees.

The criterion for establishing an outpatient clinic in northwest Indiana would include areas with populations of 150,000 or more, and no existing or planned VA health care facility within 40 miles. South Bend, Indiana, has been identified as a possible site for an outpatient clinic. The VA has stated that while funding is not currently available, there is sufficient demand for an outpatient clinic. This demand is increasing as World War II and Korean conflict veterans reach the age that demands increased health care. We must act now to meet the increasing demands of the veteran population.

South Bend is ideal for the location of a VA outpatient clinic. Transportation is excellent from all parts of northwest Indiana. Amtrak and Chicago's South Shore Railroad provide passenger service and good local bus service is provided by the South Bend Transportation Corporation (TRANSPO). Four interstate bus lines operate through our new multi-model air and motor terminal at the Michiana Regional Airport providing daily passenger service.

I would request that this subcommittee examine the savings in travel reimbursements that could be realized if an outpatient clinic were located in South Bend, and further review the benefits of establishing a clinic to meet the increasing demand for veteran health care services in northwest Indiana.

Prepared Statement of Bert Painchaud, Disabled Veteran

My name is Bert Painchaud and I live in a trailer park and own my own trailer. I am married and live with my wife who is sick and 63 years old. I have no sickness insurance of any kind for her. My income from Social Security is $194.40 and I receive a V.A. Pension of $347.25 for a total of $541.65. There is not need to tell you how I spend it all. However I am thankful for having what I do receive. Now if you would like to know how badly we veterans need an out-patient clinic here in Northern Indiana please let me tell you.

First I am a Diabetic and have heart trouble two attacks in the last seven years, I have Gout, Hypertension, and High blood pressure. So I go the Hines Veteran Hospital in Chicago Ill. (that is when I can get there). It is 90 miles round trip from Gary, Ind., either you take to toll road that cost $3.20 round trip or the long way around which would cost the diffrence in gas and 1 hour more of driving. Now as for myself (and I am sure that some are in the same or worse shape that I am in). I

have an old car with no heater and never know if I am going to make it there. Never mind trying to fight the Chicago traffic at peek time both ways in my condition being very nervous I hardly ever drive nowhere (and have no insurance). There is no way you can take a train or bus there if you are sick, I tried it last winter and nearly passed out and froze and had to go in barber shop and nearly had a heart attack. To get to Hines hospital for Diabetes you have to be there at 8 A.M. and have to leave by 6 P.M. and the cost of gasoline for 90 miles through traffic about seven gallons about $10.00 that's about $13.20. I go to Hines maybe 25 times a year. Now how about snow storms, and 5 and 10 below weather and no heater in the car and you are dizzy that morning from insuling (too much or too little).

I cannot tell you enough how good it would be for us veterans to have an Out-Patient clinic here in Northern Ind. Also I cannot tell you enough how much money it would save the Government and I am sure we would receive better care. As I said I am thankful for being an American and for what I am receiving and thanks to God and may God bless you all.

PREPARED STATEMENT OF HENRY V. COOK, COMMANDER OF FIRST DISTRICT, AMERICAN LEGION DEPARTMENT OF INDIANA

The veteran population in the steel industrial center of northwest Indiana is estimated to be 250,000.

Although the cold facts and strategem of the Veteran's Administration by looking at maps, show that the services of the V.A. located in Chicago, are ideally accessible by road travel and public transportation, most within one hour's travel. What needs to be looked at is the actual situation faced by veterans and their families in trying to cope with the situation as it really exists.

1. Public transportation has deteriorated to a point of undependability never known before in modern times. The South Shore Railroad's equipment and rail beds need updating and facilities added to handle wheel-chair travelers. Bus travel, what little there is of it, is geared to use of workers of the Calumet Region industries. No bus routes exist which would make accessibility to the Chicago V.A. facilities easier.

2. Ambulance service which is supposed to be available through the Veteran's Administration, too often is a practice in futility, and too often a type of operation wherein the profit conscious carriers attempt to carry a multiple number of patients to the Chicago V.A. Hospitals from northwest Indiana. Several critical reports have been aired at American Legion meetings by members who as patients themselves, or those helping fellow veterans, had to endure agonizing hours while the ambulance service made a circuit route pick-up of two, three and sometimes four patients for delivery to the Chicago based V.A. hospitals.

3. Patients who managed to get to the hospital or outpatient facilities in the Chicago area, are required to endure long hours of waiting to be processed and/or admitted. The continuing cut-back in personnel is causing a worsening of this situation. Too often the family of the patient decides to arrange private medical and hospital care for their veteran family member, rather than put them through this ordeal.

4. The increasing number of staff doctors and technicians who have little or no command of the English language, add the problem of a language barrier between the veteran and the doctors—this being a deterrent, inasmuch the veteran-patient has developed a theory that just anybody, and not necessarily the best, serve on the staff of doctors in the V.A. system.

5. The V.A. Hospitals in the Chicago Area each have wards which have no patients, some wards totally sealed off and not used for long periods of time. The idea of a total disbandment of one of the V.A. facilities moving the patient load to another nearby V.A. facility; and in place purchase or lease all or portion of one of the hospitals in northwest Indiana for a V.A. facility to serve the 250,000 veterans as a hospital and outpatient clinic. This would eliminate the inconveniences presently being endured and end the discouragement that exists.

6. The veterans of the WW-2 era average out to be 58 years of age and older, and it is only natural that the need for medical and hospital care will increase. The veterans of the Korean and Vietnam era also need to be considered. Corrective action at this time will help solve their grow ng medical and hospital needs for now and in the near future.

7. Giving priority attention to correcting the present lack of convenient and proper means of caring for veterans entitled to such care, can serve to prove the meaning of oft-made statements by U.S. Presidents, past and present: "that America is grateful to those who served in the wars; that America is eternally obligated to

give the best care and attention to those who bear the physical and mental scars, of their service in the preservation of our freedom".

8. Making second-class citizens of America's veterans seems to be another happening; that Americans, including Congressional people must turn around the beliefs mentioned frequently in hearings,—that V.A. hospitals case-load involves better than 50 percent of them being alcoholics. Those who make such reckless charges, must never had visited a Veterans Administration hospital, to actually see the patients being cared for, some limbless, some sightless, others bedfast and incurable; those whose minds are confused and hopeless. In America we have an abundance of alcoholics—but this stigma exists with Doctors, Lawyers, Educators and others in every level of American living, and not confined strictly to veterans.

9. Records of Indiana Veterans being serviced by the V.A. are kept in the Indianapolis office of the Veteran's Administration. Precious time is lost in trying to be served by Chicago-based facilities, while the records are distantly elsewhere. The creation of the clinic-hospital V.A. center here, would necessitate transfer of records and record keeping to be within close proximity of where the service is being provided.

The American Veteran has never asked for special or preferential treatment;—but it is the wishes and demands of our citizens, that the Americans who were and are our defenders, have earned and deserve special concessions; that such promises have been made.

However, the greatest majority of Veterans in America have provided for their own health-care needs, and many of them have not sought or gained educational, housing or personal benefits. What we can't ever lose sight of, is to provide for the needs of those who are not in position to provide for their need, and who made sacrifices, and whose life, interrupted by war service, also interrupted their future and in some cdases, their livelihoods. The families of those who gave up their lives are and should be our continuing concern.

The 250,000 veterans who live and work in this north-west corner of Indiana, feel that a de centralization of V.A. facilities, much which is not being used, should be effected—and re-located somewhere in our sector, to serve the veterans, who need the V.A.

Thank you for permitting me to provide this testimony, hopeful that success can be achieved.

PREPARED STATEMENT OF BARBARA LEEK WESSON, GARY CITY CLERK, GARY, IND.

Please know that I wholeheartedly support a V.A. Outpatient Clinic in Northwest Indiana. I have become critically aware of such a need as a result of a member of my family being an outpatient at Hines V.A.

The nature of the illness, suffered by my family member, necessitates his going to Hines on an average of twice a month. Sometimes, however, we go twice a week. This schedule has been maintained for nearly a year.

This frequent travel and long waits causes an undue hardship on the patient, as well as on the family. Public transportation is not feasible because of the transfers involved and because coordination of the different modes of transportation is an impossible task. And even with coordination one would have to walk some distance, to transfer from one mode of travel to another. And even if all this were possible, you would be late for your appointment.

The time spent, to and from and waiting for different services, is a full day, which means a loss of work time for one or more persons, depending on who provides the transportation. No one can afford to lose time from work, as regularly as is required to receive the much needed services.

I am sure there are many other patients and residents from Northwest Indiana who suffer the same inconveniences and hardships. I have assisted other people, when our schedules are similar and I have met and talked with many other people from Northwest Indiana, while waiting.

Another problem is the time spent waiting for prescriptions. If you don't wait, but request your medicine be mailed, it takes almost a week to get your medication. It is inconceivable to have to return for the much needed medicine. If we had an outpatient Clinic in Northwest Indiana, one could more readily return to pick up the medicine.

It is remarkable that patients and families, somehow survive this hardship. The distance to the Hines V.A. is approximately one hour and this is using the toll road; which is an additional $1.80 for both ways in addition to the cost of gas and loss of work time, in all manners of weather and road construction. Then to have to wait

all day and walk all over the building is enough to adversely affect the most stout of body and soul.

My family and I besiege you to continue to work on this situation to provide some relief to those of us, who live in Northwest Indiana. If we can do something to further the location of a V.A. outpatient Clinic in Northwest Indiana, please just contact us. We pray for your continued efforts and success.

PREPARED STATEMENT OF THOMAS V. BARNES, ASSESSOR, CALUMET TOWNSHIP

Mr. Chairman, members of this Committee, I consider it a privilege to appear before you today and be accorded an opportunity to share my views relative to the need for an outpatient clinic in Northwest Indiana.

As a public official who often has had occasion to observe or to have related to me the needs of many of our citizens including the veterans in need of medical consultation and assistance; as an attorney in private practice who has had occasison to represent veterans in disability proceedings; but perhaps most significantly as a veteran of nearly a quarter century of active and reserve service in the U.S. Army Reserve with current membership in the Reserve Officers Association and the AmVets Post No. 6, Gary, Indiana, I cannot help but be acutely aware not only of the needs of Veterans in Northwest Indiana for an outpatient clinic but equally the trauma of veterans deprived of meeting their health needs; the often expressed belief that they have been used, abused, and abandoned. To suffer illness with the best of facilities, conveniences, and attention can increase such negative feelings; but illness coupled with the reality that for the more than 1/10 million veterans of Northwest Indiana there is no organized, effective predictable means of obtaining VA care clearly exacerbates such frustrations. True the limitations in providing consistent help for our veterans results primarily from transportation logistics not callousness.

With a little empathy we may appreciate the feelings of veterans who may seem perplexed and indeed angered by a government which could afford to provide free transportation with pay to the battlefields of Europe, Africa, Asia and Indo China, but cannot provide readily accessible means of correcting in many instances the results of their earlier mandatory service to their Country. "We take care of our own" . . . may only apply to circumstances when we need "our own."

The level of illness and disability among the veterans who must seek VA treatment in Chicago vary from those who are physically unable to transport themselves by any means of conveyance to those who are capable of reaching such facilities by public or private means. Still as we even at this moment approach the inclement weather, one cannot help but reflect on the difficulties which will occur even within Chicago for those who must depend on private and public conveyances.

Conditions of weather and which at their best pose problems clearly discourage some from even seeking needed help during the worst weather. I believe we might be shocked at the results if a study were conducted to determine the costs in terms of death, aggravated illness, and deferred treatment of those needy veterans who are limited or prevented from obtaining proper medical consultation, diagnosis, and treatment as a result of such transportation difficulties.

Transportation problems should not be considered the only inadequacy faced by veterans in meeting outpatient health needs. There are enough statistics already to demonstrate clearly that there is a lack of adequate facilities to meet minimal medical needs of veterans in the Northwest Indiana area; that facilities available in the Chicago area or in Central Indiana are either inaccessible or cost ineffective to utilize; that the current needs and intensified future needs are not being and cannot be met unless a localized outpatient facility is established in the Northwest Indiana area; that the Chicago facilities would literally burst at the seams if reasonably accessible to Northwest Indiana Veterans. It does not take much conjecture to conclude that with the increased unemployment, lowered income, veterans also will be affected. It is likely that more veterans will be entitled to transportation reimbursements. As a result travel costs projected to rise substantially for Chicago hospitals in fiscal year 1982 may show even greater increases.

I believe the data on costs provided in a November 4, 1981 report titled "Beneficiary Travel" prepared by M. C. Sultys, Chief Medical Administrative Service (136) on present and projected travel expenditures, outpatient workload, (staff visits experienced by Chicago area VA facilities), and inpatient care provided Indiana veterans is highly enlightening on the dramatic need for a facility in Northwest Indiana. The data supplements the consideration raised by Congressman Adam Benjamin in a March 11, 1981 address before the Veterans Affairs Committee—Subcommittee on hospitals and health care. Stated simply: transportation difficulties aside, there is

an independent need for a Northwest Indiana facility to economically and effectively meet the needs of over 120,000 veterans.

I confess that our soldiers have been accustomed during times of conflict to the best service support of any troops in the world. But in return those troops have never failed to meet the highest standards of courage, devotion, and dependability even where popular support has been lacking. The test now is for us to exercise the foresight in meeting veterans needs in peacetime so that we do not forfeit their accustomed high level of commitment.

Thank you.

NOVEMBER 4, 1981.

BENEFICIARY TRAVEL

1. Authority: Reimbursement of travel is provided to eligible veterans in accordance with Title 38, U.S.C., Section 111 and Veterans Administration Regulations 6100 through 6102.

2. Eligibility: Entitlement to travel reimbursement is based on the following criteria:

(a) Veterans having a service connected disability, or

(b) Veterans in receipt of non-service connected pension, or

(c) Veterans whose annual income does not exceed the amount allowable for non-service connected pension recipients.

At the present time, the maximum allowable annual income is $4,960.00 for veterans with no dependents and $6,499.00 for veterans with dependents.

3. Reimbursement of travel is based on the most economical means of transportation available, regardless of the actual mode of travel utilized. In other words, if common carrier is available and is less costly than the mileage rate (11¢ per mile), then the common carrier rate is the allowable reimbursement or vice-versa. Veterans reimbursed for common carrier (bus or train) are reimbursed at the rate for bus fare or a train ticket. Veterans reimbursed for using their own automobile are reimbursed at the rate of eleven cents (11¢) per mile. Until May 1981 we were very liberal with the travel criteria relating to a veteran's annual income. This criteria was only applied to common carrier and privately-owned automobile users. Since May the criteria has been applied to taxi cab, medicar, and ambulance travel as well. Increased costs for these services prompted our review of the controls of the beneficiary travel program as defined by current VA directives. Those veterans entitled to beneficiary travel reimbursement are provided payment upon request. Travel reimbursement is not automatic, the veteran must request travel on the day it is performed.

4. Expenditures: Travel reimbursement paid by the Chicago area VA facilities:

	Fiscal year—			
	1979	1980	1981	Planned 1982
Hines	$699,546	$918,052	$967,104	$1,122,000
West Side	682,724	853,407	1,035,548	950,000
Lakeside	NA	411,154	501,829	456,491

5. Outpatient workload: Outpatient staff visits experienced by the Chicago area VA facilities:

	Fiscal year—			
	1979	1980	1981	Planned 1982
Hines	190,899	206,650	216,301	220,000
West Side	193,025	193,587	198,530	190,641
Lakeside	109,264	131,542	130,803	102,520

6. Inpatient care provided Indiana veterans based on 1980 Patient Treatment File data was:

	Hines	West Side	Lakeside
County:			
Lake	594	212	240
La Porte	68	3	10
Porter	47	3	13
Jasper	12	.....	6
Stark	12	.....	.....
Newton	4	.....	.....
All other counties	60	22	21

7. Out patient care provided Indiana veterans based on actual outpatient visits was:

	Hines	West Side	Lakeside
County:			
Lake	3,950	3,370	1,275
La Porte	175	130	65
Porter	320	295	10
Jasper	30	10	.....
Stark	105	.....	.....
Newton	7	.....	.....
All other counties	380	185	45

8. The current rate per outpatient visit established by Office of Management and Budget (OMB) for Veterans Administration billing purposes is $47,000. The rate is the same regardless of the amount or intensity of care provided in a single visit. We have been successful through our wise use of resources available to care for all veterans seeking care from our facility.

9. I hope the information provided will be of assistance to Congressman Adam Benjamin in his endeavor to bring a VA Outpatient Clinci to Northwest Indiana.

W. C. SOLTYS
Chief, Medical Administration Service (136).

PREPARED STATEMENT OF HON. CAROLYN B. MOSBY, HOUSE OF REPRESENTATIVES, STATE OF INDIANA

I would like to express my support for the locating of a Veterans Administration hospital in northwestern Indiana and more specifically, in the city of Gary.

The location of this Veterans Administration hospital is extremely important. What is most striking is the fact that currently, all Lake County and northwestern Indiana veterans must travel out of state to one of the three Veterans hospitals in Chicago for outpatient medical care. What results from this hardship is that our veterans are plagued with time lost from their jobs or schools while they must stand in long lines at the Veterans Administration hospitals in Chicago.

Allow me to share with you some important facts and statistics which further stress the importance of the location of a Veterans Administration hospital in Gary. In Lake County, there are 79,130 veterans, as compared to 13,210 veterans in Porter and 16,040 veterans in LaPorte. I might add that even though specific statistics on the number of veterans in the city of Gary are not available, it would seem logical to assume that Gary, as the largest populated area in Lake County, would have the greatest number of veterans.

In addition to the important points of primary benefits to the veterans who deserve the highest quality of service that the state and and the county can provide to them, the location of a Veterans Administration hospital in Gary provides us with other benefits. The location of the Veterans Administration hospital in Gary would provide very much needed job opportunities for Gary where unemployment is devas-

tatingly high. The placement of a Veterans Administration hospital in Gary would provide jobs for Gary citizens and would also be indicative of the federal government's efforts to provide jobs and conveniences in the inner city to offset the private sector abandonment of the inner city.

As a legislator and a citizen from the city of Gary, I would like to add that it would be economically strategic to obtain space for the Veterans Administration hospital in Gary at a lower cost because the land prices in Gary are more reasonable than the land prices in the outlying areas. One such existing space for the location of a Veterans Administration hospital that should be given the highest consideration would be the Froebel School site in Gary.

It is my belief that the locating of a Veterans Administration hospital in Gary would do much to alleviate the current hardships imposed on the veterans of Lake County, and at the same time, aid in the development of Gary's job opportunities and inner city growth.

I thank you for allowing me to share my concerns and thoughts with you. I would be happy to provide any additional information on the city of Gary as a possible location for this very worthwhile and much-needed Veterans Administration hospital.

Thank you.

PREPARED STATEMENT OF DEWEY HASSLER, VETERAN SERVICE OFFICER

As service officer many years, as a Veteran helping others, I believe a proper V.A. Clinic in Northern Indiana would be very worthwhile.

Such clinic has to be run properly in such a way Veterans will come in and if run properly then it will show it was needed. If run like other V.A. facilities (way many are run) then Veterans won't show and everyone will say, "It wasn't needed."

There is enough talk that I can rate V.A. facilities here in Indiana by what Veterans say. For example: none rate really good with majority of Veterans—almost always going to the V.A. is a have to case or last resort case and even then Veterans (many) are just doing without medical care, some of us even simply go to any medical care as a last desperate measure.

V.A. facilities rate: Northern Indiana Veterans prefer: Fort Wayne first; West 10th second; Marion third; Hines last (most prefer any place but Hines).

Our V.A. system seems best of any nations—it is also our National disgrace. Too many Veterans aren't treated well at all in V.A. hospitals—not for the money spent.

I can cite all sorts of cases concerning this.

Closer V.A. facilities: Would (should) help on appointments times: example: we in Northern Indiana are often scheduled early in morning at West 10th, which means we travel early—I've left as early as 2 A.M. to get people to appointments on time.

Treatment: Veterans are ill when they go too V.A. facility. Too often from Northern Indiana, we leave early, spend 3 or more hours traveling and then appointment not kept on time—have spent whole day at West 10th leaving in evening with Veterans who had 9 or 10 A.M. appointment and saw their doctor maybe at 5 P.M. (or so).

V.A. personnel don't treat Veterans well, one Veteran, I took in, to West 10th was told, "he—his case wasn't important." upon trying to be admitted. The guy was dying with cancer.

Closer facilities might stop (help stop) such as this. It would also help family to check to see Veterans got care—and proper care.

Travel: Costs money to travel to West 10th, Indianapolis—and then sometimes to get poor care and poor treatment.

V.A. facilities need be located so they can be got to far better then any we have so far in Indiana. Should be readily accessible to by car, bus, train, and air travel—and easily found.

Records and Keeping of Records: Too often Veterans aren't even examined for what they went in for. Records aren't properly kept, etc., nor recorded, etc. and then to go back to West 20th, or Hines, to get, or try to get correction is just to large an effort so Veterans get treated every which way—mostly unfarily. Closer facilities would certainly help.

(1) There is no Judicial Review of Veterans cases thus there can be no guarantee of fair justice,—if so please advise me how there is a guarantee. "A law without penalty" is a more rule. A rule is simple a guideline that hopefully most will follow.

Result: The V.A. can give or deny benefit without threat of penalty, result: A V.A. official friend may get benefits even though he did nothing in service while an 'independent' combat veteran may be deserving and get no benefit.

(2) A veteran may pay an attorney $10. on a new case, or $2. on an old case for his help on Veterans cases. This rate was set in 936 and was compatable with fees at the time. Inflation has been—federal attorney's rates start at $75. per hour so the Veteran can not get an attorney to represent him. The rule of $10. and $2. then can now be one thing—designed to stop the Veteran from getting proper benefits.

This void then is made up by service organizations representing the Veteran. Service organizations and representatives have the right to not represent a Veteran or to represent and then do an incorrect job. All adds to the possibility of incorrect or no representation with no guarantee of justice (Judicial Review).

All this results in all kinds, all sorts, of problems which leads to improper taking care of responsibility to Veterans who served in wars and indeed actually results in millions—probably billions—of dollars wasted, is most detrimental to our system in that our system fails in its obligations to its veterans—most of them and the whole deal may eventually cost us a nation because everyone will no longer trust government, and in crises—unless proven—may well journey to some other nation rather than serve.

Just as this makes a great many problems and injustice in many individual cases there are equal reasons why the V.A. (and Indiana) need special V.A. facilities in northern part of Indiana.

The real value of V.A. facility in Northern Indiana will be a test—I believe and that is whether it can be operated so Veterans will show up for the help vitally needed by many.

This is no little issue. I have many Veterans who do talk to me about help they need but too often they don't return, unless really desperate, and after years of study and evaluation—I think the fault is not mine but is what they hear and know from others that have gone to Hines V.A. Hospital—Chicago, West 10th, Indianapolis, Marion, Ind. V.A. hospital and Ft. Wayne, V.A. hospital. All these facilities are gone to only upon a 'have-to' basis, all (most all) go with dread and fear-and this is a sad situation when an ill veteran, much in need of help whether mental or physical need must then endure dread, fear and uncertainity when pursuing help—and has to endure simply because he or she served our nation in time of war—and in peace.

I could spend hours—maybe days—going over the need for closer V.A. facilities here in Northern Indiana. I have been extra ill the last several days myself so unable to respond on this as I'd like to, but I would say this.

Indiana has many, many Veterans needing help. We, many of us, Veterans found we can not really trust Indiana and Veterans Administration.

We, flat-out don't really believe government really wants to treat us better—no way—however a lot of us still work within the system and it's laws to help ourselves as we can and to help others.

Should people of Indiana really want to help Veterans then moves such as medical facility here in Northern Indiana would be a good move—it would help prove that Indiana was really trying. It might even be a "spark" out there so Veterans might well say "Hey, they're trying so if they really are serious—I just as well consider going to other V.A. facilities too."

We, the people of the United States, can band together, treat our poor people and Veterans properly, thus make our system the best system, (at least better) or we can refuse, then let our people suffer, put them in jail when they turn to other ways to survive—and hope that enough will serve in war next time that we might survive and then can pardon those whom refuse to serve.

At any rate, many Veterans need help—all over the nation—and it's up to us to strive for a better, more heartful, compassinate system concerned with the welfare of our Veterans and poor people.

PREPARED STATEMENT OF IGNACIO R. RAMOS, DISABLED VETERAN

Being service connected and a 100 percent disabled veteran, it has been my experience to deal with the Veterans Administration hospitals on a first hand basis. The time alloted to reach my destination, economics, treatment of ailment, and parking facilities are the topics of my discussion.

It takes me approximately one hour to reach the Veterans Administration Hospital located at 2030 West Taylor Street, same time for Lakeside and longer for Hines Hospital in Chicago, Illinois. Prior to going to the hospital, arrangements must be made with my wife so that she can take a day off work, if she is working at that

time. I require the assistance of another individual since I am confined to a wheelchair, or if I should be involved in an accident. We usually take about ten dollars in bills with us and about three dollars in change in case there is no wheelchair parking available. The visitations to the hospital are kept to the first week of each month as this is when I receive my compensation.

Upon arrival at the hospital, and given that there is wheelchair parking available, the waiting period for a veteran to be seen begins at four hours. Once seen by a Veterans Administration Doctor, the veteran can qualify for reimbursement by getting an appointment card. These reimbursements consist of approximately four dollars from Veterans Administration Westside Hospital, five dollars from Lakeside, and six dollars from Hines which does not cover gasoline, parking when I have to pay, and a day;s loss of pay by my spouse.

The acquisition of an Out-Patient Clinic in the Northwestern region of Indiana would increase my visitations to the clinic and cut down on the economical burden that it has been in the past, assuming that wheelchair parking regulations are strictly enforced.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, D.C., December 9, 1981.

Hon. ROBERT NIMMO,
Administrator, Veterans' Administration, Washington, D.C.

DEAR MR. ADMINISTRATOR: As you know, the Subcommittee on Hospitals and Health Care held an oversight hearing on Monday, November 30, 1981, in Gary, Indiana. The purpose of this hearing was to hear testimony from interested witnesses on the need and justification for the location of an outpatient clinic in Northwest Indiana. Mr. Albert Zamberlan, the Regional Director of the Great Lakes Region, was the principal spokesman for the Veterans Administration.

The difficulties of utilizing the outpatient facilities at the VA Medical Centers in Hines, West Side, and Lake Side in the Chicago area were vividly portrayed at this hearing. It was learned that not only is public transportation difficult for these veterans, it is, for all practical purposes, impossible. The use of private conveyance is both difficult and time consuming. Even if private conveyance is used, parking is next to impossible at two of these three facilities.

As an interim solution for this situation, we suggest that staff be sent from one or a combination of all of the Chicago VA facilities to a location in Northwest Indiana for the number of days required each week to provide outpatient services to these veterans. Many witnesses expressed the opinion that suitable space could be found at no charge to the Veterans Administration and that this would be a fair method of determining the true needs of the veterans of the area.

With the curtailment of beneficiary travel, this interim alternative becomes even more attractive. Once the needs become known, it would place both the VA and the Congress in a better position for coming to a definitive solution to this complex problem. Should the final decision be made to locate a permanent outpatient clinic in the area, we will offer our support to assist you in obtaining the additional resources for this facility rather than your being required to absorb the cost from your current budget.

After you have had the opportunity to review this matter, we would appreciate your reactions to the proposed solution to this problem, together with any actions you propose to take.

An early response would be greatly appreciated, as a copy of this letter and your response will be made a part of the hearing record.

Sincerely,

ROBERT W. EDGAR,
ELWOOD HILLIS,
Members of Congress.

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., December 17, 1981.

Hon. ROBERT W. EDGAR,
House of Representatives,
Washington, D.C.

DEAR MR. EDGAR: I am pleased to respond to your letter of December 9, 1981. I am forwarding a similar reply to Congressman Hillis.

The Department of Medicine and Surgery will immediately undertake a study of alternatives for providing outpatient services to the veterans of northwest Indiana. After I have had the opportunity to review the findings of this study, I will inform you of my decision.

You can expect to hear from me within sixty days.

Sincerely,

ROBERT P. NIMMO, *Administrator.*

VETERANS ADMINISTRATION,
March 17, 1982.

Hon. ROBERT W. EDGAR,
House of Representatives,
Washington, D.C.

DEAR MR. EDGAR: I am pleased to submit a final reply to your letter of December 9, 1981. I am forwarding a similar reply to Congressman Hillis.

The feasibility of establishing a VA outpatient clinic in northwest Indiana, including the possibility of an interim solution, has been carefully studied.

I have concluded that there is simply not an interim alternative to the provision of a broad spectrum of high quality outpatient services locally to veterans residing in northwest Indiana. The most appropriate alternative to meeting the health care needs of these veterans would be, if resources were available, a comprehensive satellite outpatient clinic.

I have directed that decisions concerning new programs, such as outpatient clinics, be deferred until the Medical District Initiated Planning Process has completed its first complete phase in January 1983. Data collected and analyzed as a result of this process will assist us in determining the future health care needs of the veteran population and the most cost effective manner by which to meet those needs.

Sincerely,

ROBERT P. NIMMO, *Administrator.*

Committee Note.—Neither the design of the study nor the results which led to the Administrator's negative decision regarding the outpatient clinic in Northwest Indiana has been furnished to the Committee.

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